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EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

> Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AI	-or τn	e 2021 calendar year, or tax year beginning and	enaing						
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number				
	Change LODI MEMORIAL HOSPITAL FOUNDATION, INC.								
	Name chang	e Doing business as		94-27198	80				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r				
	Final return		3	(209) 33					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,000,123.				
	Amen return	ded LODI, CA 95240		H(a) Is this a group re	eturn				
	Applie tion	F Name and address of principal officer: WAYNE CRAIG		for subordinates					
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1)	or 52		list. See instructions				
٦١	Websi	te: WWW.LMHFOUNDATION.ORG		H(c) Group exemptio	n number 🕨				
κF	orm o	forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea		A State of legal domicile: CA				
	art I	Summary							
-	1	Briefly describe the organization's mission or most significant activities:	NCING	THE GREATER	LODI				
Governance		COMMUNITY'S HEALTHCARE AND HEALTHY LIVIN	G THR	OUGH PHILANT	HROPY.				
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	ssets.				
ove	3	-		3	19				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19				
s 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
/iti	6	Total number of volunteers (estimate if necessary)			56				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
¢	8	Contributions and grants (Part VIII, line 1h)		400,965.	514,391.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		243,064.	1,192,928.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,818.	93,656.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		705,847.	1,800,975.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		808,406.	644,832.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		83,989.	39,146.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
g		Total fundraising expenses (Part IX, column (D), line 25)	\wedge						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,779.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,006,174.	789,111.				
		Revenue less expenses. Subtract line 18 from line 12		-300,327.	1,011,864.				
or				Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Г	11,225,564.	11,967,023.				
dB	21	Total liabilities (Part X, line 26)	[106,070.	47,029.				
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	11,119,494.	11,919,994.				
Pa	art II	Signature Block							
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	y knowledge and belief, it is				
true	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has anv knowledge.					

Signature of officer Date Sign WAYNE CRAIG, PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Check 09/29/22 if self-employed Paid GARY R. DANIEL GARY R. DANIEL P00045989 Firm's EIN > 94-1481988 Firm's name BOWMAN & COMPANY, LLP Preparer Firm's address 10100 TRINITY PARKWAY, STE 310 Use Only Phone no. (209) 473-1040 STOCKTON, CA 95219 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

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4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 740,116.	
4d		
10	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	SERVICED TO THE COMMONITI.	
	THE FOUNDATION FUNDS SEVERAL PROGRAMS THAT RESULT IN EXPANDED HEAD SERVICES TO THE COMMUNITY.	LTH
4a	(Code:) (Expenses \$ 740,116. including grants of \$ 644,832.) (Revenue \$	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive revenue, if any, for each program service reported.	es, and
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	
3	If "Yes," describe these changes on Schedule O.	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X
	prior Form 990 or 990-EZ?	es X
2	Did the organization undertake any significant program services during the year which were not listed on the	
	HOSPITAL; FULFILL OUR MISSION THROUGH PHILANTHROPIC GIVING, EVENT	5,
	ADVANCE HEALTHY LIVING; ENHANCE PUBLIC AWARENESS OF LODI MEMORIAL	
1	Briefly describe the organization's mission: TO SUPPORT AND PROMOTE HEALTHCARE; FACILITATE ACCESS TO HEALTHCARE	Ε;
	Check if Schedule O contains a response or note to any line in this Part III	
	rt III Statement of Program Service Accomplishments	1 4
	1 990 (2021) LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-271988	J Pag

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	11a	~	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
132003	12-09-21	Form	990 ((2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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2021)					FOUNDATION,	
Sta	tements Re	egardin	g Other IRS F	ilings and Tax	Compliance (contin	ued)

Part V

					Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					
				3a		\vdash
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		┝
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		, ,	F -		L
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		┝
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		┝
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		┝
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		╀
b	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					T
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Ι
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		T
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					T
	to file Form 8282?			7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year					I
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		xt?	7e		Ι
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		T
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		T
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		t
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					t
				8		I
9	Sponsoring organizations maintaining donor advised funds.					t
				9a		I
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		t
0	Section 501(c)(7) organizations. Enter:					t
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		l
1	Section 501(c)(12) organizations. Enter:			1		l
	Gross income from members or shareholders	11a				l
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		l
	amounts due or received from them.)	11b				l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		I
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1				t
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		l
	Is the organization licensed to issue qualified health plans in more than one state?			13a		T
	Note: See the instructions for additional information the organization must report on Schedule O.					t
b	Enter the amount of reserves the organization is required to maintain by the states in which the					l
	organization is licensed to issue qualified health plans	13b				l
с	Enter the amount of reserves on hand					l
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		T
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		t
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					t
-	excess parachute payment(s) during the year?			15		l
	If "Yes," see the instructions and file Form 4720, Schedule N.					t
			me?	16		ľ
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco				╋
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes." complete Form 4720. Schedule Q.	nt inco		10		L
	If "Yes," complete Form 4720, Schedule O.					ŀ
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	If "Yes," complete Form 4720, Schedule O.	any		17		

Form 990	(2021))
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LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·· –	5		X
6	Did the organization have members or stockholders?			🧧	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						v
	persons other than the governing body?			7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			v	
a	The governing body?				a	X X	
b	Each committee with authority to act on behalf of the governing body?			8	b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		-	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10	Da	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·· •	Ja		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	Db		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				1a	Х	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						x
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 							
	on Schedule O how this was done			12	2c		
13	Did the organization have a written whistleblower policy?			<u> </u>	3		Х
14	Did the organization have a written document retention and destruction policy?				4		Х
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	5a	Х	
b	Other officers or key employees of the organization			15	5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
	taxable entity during the year?			. 16	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's				
	exempt status with respect to such arrangements?			. 16	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 99	0-T (section 501(c	:)(3)s o	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	-					
	Own website Another's website Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	or interest policy,	and fi	inan	cial	
00	statements available to the public during the tax year.	مارد :	al uses and - 🕨				
20	State the name, address, and telephone number of the person who possesses the organization's bound LIZ COCHRANE $-209-339-7565$	oks a	iu records 🕨				
	845 S. FAIRMONT AVENUE, SUITE 3, LODI, CA 95240						
122000				F	orm	990	(2021)
132000	12-09-21 7				JIII	200	(2021)

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Part VII	II Compensation of Officers, Directors, Trustees, K	Key Employees, Highest Compensated
	Employees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		211120	(0		npei	illoui	(D)	(E)	(F)
Name and title	Average	(-1		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d I	lirecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	d ual t	Institutional trustee	_	Key employee	ist col	5	10001120)		organizations
	line)	ndivi	In stitu	Officer	Key ei	Highe	Former			5
(1) PHIL FELDE	1.50	_	_	_			_			
CHAIRMAN		x		x				0.	Ο.	Ο.
(2) JEREMY LENSER	1.20									
VICE CHAIRMAN		X		X				0.	Ο.	Ο.
(3) STEVE DIEDE	1.00									
SECRETARY		X		X				0.	0.	0.
(4) JAN CHANDLER	1.00									
CHIEF FINANCIAL OFFICER		X		Х				0.	0.	0.
(5) COREY WRIGHT	1.00									
FINANCE CHAIR		Х						0.	0.	0.
(6) MELISSA PHILLIPS-STROUD	1.30									
PUBLIC RELATIONS CHAIR		Х						0.	0.	0.
(7) MIKE GEORGUSON	0.80									
PAST PRESIDENT/LMH DELEGATE		Х						0.	0.	0.
(8) ALI COLAROSSI	0.60									
BOARD MEMBER		Х						0.	0.	0.
(9) TRENT DIEHL	0.60								_	
BOARD MEMBER		Х						0.	0.	0.
(10) DR. DEVINDER GREWAL	0.60								-	
BOARD MEMBER		Х						0.	0.	0.
(11) JERRY HUGO	0.60									
BOARD MEMBER		Х						0.	0.	0.
(12) BEN MCDONALD	0.50									•
BOARD MEMBER		Х						0.	0.	0.
(13) RON METTLER	0.40								0	0
BOARD MEMBER		X						0.	0.	0.
(14) DR. KEN MULLEN	0.50	.,						0	0	0
BOARD MEMBER		X						0.	0.	0.
(15) KATE ROONEY	0.50	.,						0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(16) RANDY SNIDER	1.00	.,,						_	•	~
BOARD MEMBER	1 20	X						0.	0.	0.
(17) NANCY WATTS	1.20								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						~				Form 990 (2021)

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/	ORIAL HO	SSI	PI	ΓAΙ	5 1	FOT	JN	DATION, INC.	94-27	198	880	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Average ours per box,			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fro orga and	pensa om the anizat d relat inizati	e ion ed
(18) JASON WHITNEY	0.50									_			•
BOARD MEMBER	0.50	X						0.		0.			0.
(19) REV. BILL CUMMINS BOARD MEMBER, LIAISON	0.50	x						0.		ο.			0.
(20) WAYNE CRAIG	40.00												•••
PRESIDENT/CEO				x				158,673.		0.			0.
		 											
		-											
		-											
dh. Cubbatal								158,673.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								150,075.		0.			0.
d Total (add lines 1b and 1c)								158,673.		0.			0.
2 Total number of individuals (including but r compensation from the organization ▶							no r	eceived more than \$100),000 of reportable	; ;			1
										_		Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-			ghest compensated emp	2		3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									0		4	x	
5 Did any person listed on line 1a receive or					-			-					37
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	oensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithiı I	v	year.			•	
(A) (B) Name and business address NONE Description of services C							Co	(C omper		n			
							_						
2 Total number of independent contractors (includina but n	ot li	mite	d to	tho	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the organ	U U				(0		,e . 5661.64 h					

132008 12-09-21

Form	n 99	0 (;	2021) LOI	DI	MEMORI	AL	HOSPITA	L FOUNDATI	ON, INC.	94-2719	880 Page 9
Pa				ever	lue						
			Check if Schedule O	conta	ains a respo	onse	or note to any lin		(5)		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am C			Fundraising events				67,500.				
Gift	d Related organizations 1d										
ns, Simi	e Government grants (contributions) 1e										
utio er S		f	All other contributions, gifts,								
Oth			similar amounts not include				446,891.				
but			Noncash contributions included i		-		13,870.	E14 201			
aC		n	Total. Add lines 1a-1f				Business Code	514,391.			
e	2	а					Dusiness Coue				
vic	2	b									
Sei		c									
am		d									
Program Service Revenue		е				_					
ų.		f	All other program service	e reve	nue						
		g									
	3		Investment income (inclu								
			other similar amounts)					456,763.			456,763.
	4		Income from investment		-	-	r i i i i i i i i i i i i i i i i i i i				
	5		Royalties	· · · · · · · · · · · · · · · · · · ·	(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	20,4						
	Ŭ		Less: rental expenses		10,0						
			Rental income or (loss)	6c		701.					
			Net rental income or (loss	s)			►	9,701.			9,701.
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a	1,879,	677.	500.				
		b	Less: cost or other basis								
evenue			and sales expenses		1,111,						
leve			Gain or (loss)		768,3			726 165			726 165
er Re			Net gain or (loss)				▶	736,165.			736,165.
Other	0	a	including \$								
•			contributions reported or								
			Part IV, line 18		,	8a	128,392.				
		b	Less: direct expenses			8b	44,437.				
		с	Net income or (loss) from	n fund	raising ever	nts	►	83,955.			83,955
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
			Less: direct expenses			9b					
	10		Net income or (loss) from			s	▶				
		a	Gross sales of inventory, and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
s			()				Business Code				
Miscellaneous Revenue	11	а									
enu		b									
Sev		с									
Mis			All other revenue								
	L		Total. Add lines 11a-11d					1 000 077	-	-	1 000 501
1000	12		Total revenue. See instructi	IONS				1,800,975.	0.	0.	1,286,584. Form 990 (2021
13200	12	2-09	-21								1 UIIII JJU (2021

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LODI MEMORIAL HOSPITAL FOUNDATION, INC.

94-2719880 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		1
	and domestic governments. See Part IV, line 21	612,332.	612,332.		
2	Grants and other assistance to domestic	20 500	20 500		
	individuals. See Part IV, line 22	32,500.	32,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	15,867.	15,867.		
6	Compensation not included above to disqualified	2070071	2070070		
Ů	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,267.	11,267.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,729.	9,729.		
0	Payroll taxes	2,283.	2,283.		
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	7,494.		7,494.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	e e e e e e e e e e e e e e e e e e e	31,741.		31,741.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12 675	12 675		
2	Advertising and promotion	13,675.	13,675. 11,131.		
3	Office expenses	11,131.	11,131.		
4	Information technology				
5	Royalties	5,831.	5,831.		
6		1,088.	1,088.		
7	Travel Payments of travel or entertainment expenses	1,000.	1,000.		
8	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,580.	1,580.		
9		1,0001	1,0001		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,057.		9,057.	
3	Insurance	1,108.	1,108.	- ,	
4	Other expenses. Itemize expenses not covered	-	•		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPLIT INTEREST EXPENSES	19,775.	19,775.		
b	STATE & FOREIGN TAXES	703.	,	703.	
c	SUPPLIES	540.	540.		
d					
	All other expenses	1,410.	1,410.		
5	Total functional expenses. Add lines 1 through 24e	789,111.	740,116.	48,995.	С
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	<u>1 990 (</u> rt X		HOS	PITAL FOUNDATI	ION, INC.	94-	2719880 Page 11
га			- +	uline in this Dout V			
		Check if Schedule O contains a response or not	e to an	y line in this Part X		 I	
					(A) Beginning of year		(B) End of year
					401,472.	4	302,746.
	1	Cash - non-interest-bearing		401,472.	1	502,740.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			82,626.	3	114,259.
	4	Accounts receivable, net			02,020.	4	114,259.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		_			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
	_	under section 4958(f)(1)), and persons described			701,585.	6	422 226
ets	7	Notes and loans receivable, net			/01,303.	7	433,236.
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		620 524			
		basis. Complete Part VI of Schedule D	10a	638,534.	E00 204		F40 011
		Less: accumulated depreciation		97,723.	589,394.	10c	540,811.
	11	Investments - publicly traded securities			9,417,750.		10,543,234.
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			20 222	14	
	15	Other assets. See Part IV, line 11			32,737. 11,225,564.	15	32,737. 11,967,023.
	16	Total assets. Add lines 1 through 15 (must equ			11,225,504.		11,907,023.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or forn					
bili		trustee, key employee, creator or founder, subs				00	
Lia	00	controlled entity or family member of any of the		F		22 23	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-				
			-		106,070.	25	47 029.
	26	of Schedule D Total liabilities. Add lines 17 through 25			106,070.		47,029. 47,029.
	20	Organizations that follow FASB ASC 958, che	ck hor	o► X	10070700	20	1770231
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			10,784,386.	27	11,691,234,
Bal	28	Net assets with donor restrictions			335,108.	28	11,691,234. 228,760.
lpu	20	Organizations that do not follow FASB ASC 9	,	20			
Fu		and complete lines 29 through 33.	00, cm				
D.	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	<u> </u>
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,119,494.	32	11,919,994.
2	33	Total liabilities and net assets/fund balances			11,225,564.	33	11,967,023.
	00	10tal navinties and het assets/10110 vala11085			,,014	00	

132011 12-09-21

	1990 (2021) LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94-	2719880	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2			11.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,11		
5	Net unrealized gains (losses) on investments	5	-26	7,4	51.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5	6,0	87.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,91	9,9	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organ	ization
-------------------	---------

Nam	e of t	he organization	Employer identification number
		LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94-2719880
Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	IS.
The of 1 2 3 4 5 6		ization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . An organization operated for the benefit of a college or university owned or operated by a governmental u section 170(b)(1)(A)(iv) . (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .)(iii). Enter the hospital's name, unit described in
7 8 9		An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university:	land-grant college
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, members activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of i income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or See section 509(a)(2). (Complete Part III.)	ts support from gross investment
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 a		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to can more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 5 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), the supported organization(s) the power to regularly appoint or elect a majority of the directors or truster organization. You must complete Part IV, Sections A and B.	509(a)(3). Check the box on d 12g. typically by giving
b		Type II. A supporting organization supervised or controlled in connection with its supported organizatio control or management of the supporting organization vested in the same persons that control or mana organization(s). You must complete Part IV, Sections A and C.	
С		Type III functionally integrated. A supporting organization operated in connection with, and functional its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	lly integrated with,
d		Type III non-functionally integrated. A supporting organization operated in connection with its support that is not functionally integrated. The organization generally must satisfy a distribution requirement and requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	d an attentiveness
e		Check this box if the organization received a written determination from the IRS that it is a Type I, Type functionally integrated, or Type III non-functionally integrated supporting organization.	II, Туре III
f	Ente	r the number of supported organizations	

Provide the following information about the our بمبرم امماسم ----

g Provide the following information	about the supporte	eu organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

Schedule A (Form 990) 2021 LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	260,027.	865,427.	347,594.	329,365.	446,891.	2,249,304.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	260,027.	865,427.	347,594.	329,365.	446,891.	2,249,304.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2,249,304.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	260,027.	865,427.	347,594.	329,365.	446,891.	2,249,304.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	335,034.	173,878.	307,655.	208,923.	477,163.	1,502,653.
9	Net income from unrelated business						
	activities, whether or not the			. – .			
	business is regularly carried on	1,622.	1,108.	456.	0.	0.	3,186.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,755,143.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3)	
_	organization, check this box and stor		-				
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2021 (14	59.90 %
	Public support percentage from 2020					15	58.24 %
16a	33 1/3% support test - 2021. If the c	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organization	ation
	meets the facts-and-circumstances te	-			•		
k	o 10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-		• • • •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a		
						Schedule A (Form 990) 2021

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LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880 Page 3 Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	.			•		
Section C. Computation of Publi	c Support Pe					
15 Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020		•			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3% , and line	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22		, · -				A (Form 990) 2021
			16			. ,

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880 Page 5 Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

	and a the member and a familiar and a second			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

000	ction D. An Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c		The organization supporte	d a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---------------------------	-------------------------	----------------------------	-----------------	---------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

Yes

No

1

2

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Sche	dule A (Form 990) 2021 LODI MEMORIAL HOSPITAL	FOUN	DATION, INC. 9	4-2719880 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

Income tax imposed in prior year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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5

4 5

6

LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Part VI	Supplemental				L FOUNDA			
	Supplemental II	niormation.	Provide the expla	nations required	I by Part II, line 10	J; Part II, line 17a	or 17b; Part III, line 12; 1 and 2; Part IV, Secti	on C
	line 1: Part IV. Section A, IIr	on D. lines 2 and	40, 40, 5a, 6, 9a, 3: Part IV. Sectio	90, 90, 11a, 11 n E. lines 1c. 2a	, and TTC; Part I . 2b. 3a. and 3b:	Part V. line 1: Part	V, Section B, line 1e; I	on C, Part V
Part VI	Section D, lines 5, 6,	, and 8; and Part	V, Section E, line	es 2, 5, and 6. A	so complete this	part for any addit	ional information.	
	(See instructions.)	· · ·			·	· · ·		
F i S								
0000 01 04 0	0						Schedule A (Form	0001
2028 01-04-2	2			23	I		Schedule A (Form	i 990)
				<u>د</u>	L.			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

······ ··· ··· ··· ··· ··· ··· ··· ···		
	LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94-2719880
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organiza	ation is covered by the General Rule or a Special Rule.	

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

LODI MEMORIAL HOSPITAL FOUNDATION, INC.

Name of organization

Employer identification number

94-2719880

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE ANTONE & MARIE RAYMUS FOUNDATION X Person Payroll 544 E YOSEMITE AVENUE 85,652. Noncash \$ (Complete Part II for MANTECA, CA 95336 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X DIEDE CONSTRUCTION Person Payroll PO BOX 1007 41,045. Noncash (Complete Part II for WOODBRIDGE, CA 95258 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X FINANCIAL CENTER CREDIT UNION Person Payroll PO BOX 208005 25,000. Noncash (Complete Part II for STOCKTON, CA 95208 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 DONNIE & WENDY GARIBALDI Х Person Payroll 1811 RIVERGATE DR 25,000. Noncash \$ (Complete Part II for LODI, CA 95240 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 DARYL GEWEKE X Person Payroll 1352 RIVERGATE DR 25,000. Noncash (Complete Part II for LODI, CA 95240 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 HENRY L. GUENTHER FOUNDATION X Person Pavroll 3020 OLD RANCH PKWY STE 300 20,000. Noncash \$ (Complete Part II for SEAL BEACH, CA 90740-2751 noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

94 - 2719880

LODI MEMORIAL HOSPITAL FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FOWLE, CAROLYN 1142 RIVERGATE DR., STE. 10 LODI, CA 95215	\$19,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BILL & CAROL MEEHLEIS <u>3047 BELMONT DR</u> LODI, CA 95242	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VIENNA NURSING & REHABILITATION 800 S HAM LANE LODI, CA 95242	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	TERRI & TIMOTHY DAY 37960 MARONDI DR CALIMESA, CA 92320	\$14,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	TOM & SANDRA STOKES 7581 W KILE RD LODI, CA 95242	\$13,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	INGRID HANSEN 543 HAMPTON DR	\$12,574.	Person X Payroll Noncash (Complete Part II for
123452 11-1	LODI, CA 95242-3549		noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

LODI MEMORIAL HOSPITAL FOUNDATION, INC.

94-2719880

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCCOLLOUGH, BROOKE 1443 SPRINGHAVEN WAY LODI, CA 95242	\$ <u>12,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DR. FRED & JUDY BUNCH 2125 GRENOBLE DR LODI, CA 95240	\$ <u>10,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll October 2015 Payroll October 2015 Noncash October 2015 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

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	MEMORIAL HOSPITAL FOUNDATION, INC.		4-2719880
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) Io. om Irt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
53 11-11	-21 26	\$	Schedule B (Form 990)

Name of organization

Employer identification number

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Schedule E	3 (Form 990) (2021)			Page 4					
Name of or	ganization			Employer identification number					
LODI N	MEMORIAL HOSPITAL FOUND	ATION, INC.		94-2719880					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in s							
	completing Part III, enter the total of exclusively religious, cl	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. or	nce.) ► \$					
(a) No.	Use duplicate copies of Part III if additional s								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
			[
Γ		(e) Transfer of gif	t						
	Transferee's name, address, an	d 7ID + 4	Relationship of tr	ansferor to transferee					
F			Nelationship of t						
(a) No. from	(h) Dumpers of sift			aviation of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
F			-						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
F		(e) Transfer of gif	t						
F	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee					
F	· · · ·		•						
123454 11-11	-21	0.7		Schedule B (Form 990) (2021)					
		27							

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

LODI MEMORIAL HOSPITAL FOUNDATION, INC.

Employer identification number 94-2719880

Par			s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year			
2	Total number at end of year Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
- 5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advi	od fun	de
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
0	for charitable purposes and not for the benefit of the donor of			•
		, , , , , ,		
Par		anization answered "Yes" on Form 990		
1	Purpose(s) of conservation easements held by the organizati	· · · ·	r art rv,	
-	Preservation of land for public use (for example, recrea		f a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space		u oorti	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	onservation easement on the last
_	day of the tax year.		01 4 00	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year ►	, , , ,	5	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	►			0
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170)(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections or		other \$	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and bal	lance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		al gain,	provide
	the following amounts required to be reported under FASB A	-		N .
	Revenue included on Form 990, Part VIII, line 1			
-	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2021
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		MORIAL HOS				-		94-27		
Pa	t III Organizations Maintaining C								ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following the	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 <u> </u>	oan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	-		•	-			se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er similar	assets		-	
	to be sold to raise funds rather than to be ma								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod								٦	<u> </u>
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:			 _		A	
									Amount	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T 00	Ending balance Did the organization include an amount on F						. 1f		Yes	No
	0							······ L		No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>		
		(a) Current year		ior year	(c) Two year			ears back	(e) Four	vears back
10	Beginning of year balance	(u) ourront your	(2)11	lor your	(0)	, a subit	(u)		(0) ! 0	jouro suon
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
e	· ·									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	i ce (line 10	n column (a)) held as:					
a	Board designated or quasi-endowment	ione your one building	%	y, oolanni (c						
b	Permanent endowment	%								
c		/°								
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for th	ne organiz	ation		
	by:	0					U		Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	cumulate preciation	d	(d) Book	value
1a	Land									
	Buildings			62	4,307.		83,52		540	,780.
	Leasehold improvements				1,126.		1,09	95.		31.
	Equipment									
	Other				3,101.		13,10)1.		0.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	'0c.)				540	,811.

Schedule D (Form 990) 2021

Schedule [D (Form 990) 2021	LODI	MEMORIAL	HOSPITAL	FOUNDATION,	INC.	94-2719880 Page
Part VII							
		-			ine 11b. See Form 990,		
	iption of security or cate	GOTY (including na	me of security)	(b) Book value	(c) Method of v	aluation: Cost	or end-of-year market value
	y held equity interest	s	·····				
3) Other							
(A) (P)							
(B) (C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col.	(b) must equal Form 99	0, Part X, col. (E	s) line 12.) 🕨				
Part VII	II Investments -	-					
		-	wered "Yes" on		ine 11c. See Form 990,		
	(a) Description o	f investment		(b) Book value	(c) Method of v	aluation: Cost	or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	(b) must squal Form 00	0 Dort V col (P) line 12)				
Part IX	(b) must equal Form 99 Other Assets.	0, Fait A, COI. (D	5) IIIIe 15.)				
	J	nanization ans	wered "Yes" on	Form 990 Part IV I	ine 11d. See Form 990,	Part X line 15	
		gamzation and		scription			. (b) Book value
(1)			(, 200				
(1)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
. /	lumn (b) must equal F	Form 990, Part	X, col. (B) line 15	5.)			▶
Part X	Other Liabiliti	es.					
	Complete if the org	ganization ans	wered "Yes" on	Form 990, Part IV, I	ine 11e or 11f. See Forr	n 990, Part X, I	ine 25.
1.	(a) D	escription of li	ability				(b) Book value
(1) Fe	deral income taxes						
(2) Al	NNUITY PAYA	ABLE - W	ILLIAMS				47,029
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
i otal. (Col	lumn (b) must equal F	orm 990, Part	X, col. (B) line 25	5.)		<u></u>	► 47,029
2. Liabilit	y for uncertain tax po	sitions. In Par	t XIII, provide the	e text of the footnot	e to the organization's f	financial statem	nents that reports the
organiz	zation's liability for ur	ncertain tax po	sitions under FA	SB ASC 740. Chec	k here if the text of the	footnote has be	een provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 LODI MEMORIAL HOSPITAL	FOUNDATION, INC.	94-2719880 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	tatements With Revenue pe	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.		
Part XII Reconciliation of Expenses per Audited Financial S		ber Return.
Complete if the organization answered "Yes" on Form 990, Part IV,		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)	Complete if the	e organizati	mation Regardir	on Form	990, F	Part IV, line 17, 1	8, or 19		DMB No. 1545-0047
Department of the Treasury	C	rganization	entered more than Attach to Form 9				6a.		Open to Public
Internal Revenue Service		to www.irs	gov/Form990 for ins				mation.		Inspection
Name of the organizatio	LODI ME		HOSPITAL F					94-2719	
	complete this par		the organization ans	wered "Y	es" oi	n Form 990, Part	IV, line	17. Form 990-E	Z filers are not
c Phone solic d In-person so 2 a Did the organization key employees list	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	or oral agreer art VII) or en viduals or en	e Solici f Solici g Spect nent with any individu tity in connection with tities (fundraisers) pur	tation of tation of al fundra al (incluo profess	non-g gover iising ding o ional f	overnment grant nment grants events fficers, directors, undraising servic	s trustee ces?	Yes	
(i) Name and address or entity (fund			(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross recei from activity	ots to () Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whor licensing.					utions	s or has been no	tified it is	s exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ce, see the	Instructions for For	n 990 or	990-	EZ.		Schedule	e G (Form 990) 2021

LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Т		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
			WALK FOR THE			(d) Total events
			HEALTH OF I		1	(add col. (a) through
2			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	42,081.	78,768.	75,043.	195,892
	2	Less: Contributions	20,000.	15,000.	32,500.	67,500
	3	Gross income (line 1 minus line 2)	22,081.	63,768.	42,543.	128,392
	4	Cash prizes				
0	5	Noncash prizes				
הסויסמ	6	Rent/facility costs		7,980.	2,585.	10,565
חוובתו באחבווסבי	7	Food and beverages				
ן י	8	Entertainment	8.	3,050.	1,040.	4.098
	9	Other direct expenses	16 160		1,040. 5,050.	4,098 29,774
	-	Direct expense summary. Add lines 4 throug				44,437
- I		Net income summary. Subtract line 10 from				83,955
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
-		\$15,000 on Form 990-EZ, line 6a.	1			
00000			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1	Gross revenue				
2	2	Cash prizes				
חוובתו באחבווסבס	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
а	ls t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	activities in each of these	states?		
-		No," explain:				
		ere any of the organization's gaming licenses r				Yes N
h		Yes," explain:				
b						
b						

Sch	edule G (Form 990) 2021	LODI	MEMORIAL	HOSPITAL	FOUNDATION,	INC. S	94-27	19880	Page 3
11	Does the organization conduct g	aming activ	ities with nonmen	ıbers?			C	Yes	No
12	Is the organization a grantor, ben						_		
	to administer charitable gaming?						L	Yes	No No
	Indicate the percentage of gamin								
	The organization's facility								%
	An outside facility							3b	%
14	Enter the name and address of the	ne person w	ho prepares the o	organization's gam	ing/special events bool	ks and record	s:		
	Name 🕨								
	Address 🕨								
15a	Does the organization have a cor	ntract with a	a third party from	whom the organiza	ation receives gaming re	evenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam of gaming revenue retained by th				6	and the amou	nt		
	If "Yes," enter name and address								
Ū	in res, entername and address		a party.						
	Name ►								
	-								
	Address 🕨								
16	Gaming manager information:								
	Nama								
	Name								
	Gaming manager compensation	▶ \$							
	Description of services provided	▶							
	Director/officer		oyee	Independent	aantraatar				
			буее		Contractor				
17	Mandatory distributions:								
	Is the organization required unde	r state law	to make charitable	e distributions fron	n the gaming proceeds	to			
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions								
_	organization's own exempt activit								
Pa	rt IV Supplemental Infor					s (iii) and (v);	and Part I	II, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable	e. Also provide ang	y additional inform	ation. See instructions.				
1320	83 10-21-21			34		:	Schedule	G (Form	990) 2021
				54					

Schedule G	(Form 990)	LODI MEMORIAL	HOSPITAL	FOUNDATION,	INC.	94-2719880	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)					
						Schedule G (F	orm 990)
132084 11-18-3	21		35				

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organization Go to www.ir	d Individua	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
		ITAL FOUNDA	TION, INC	•			94-2719880
Part I General Information on Grants a 1 Does the organization maintain records criteria used to award the grants or assi	to substantiate th stance?						
2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to					nization answered "Y	es" on Form 990 Par	t IV line 21 for any
recipient that received more than	•				anization answered i	es off off 350,1 af	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	244,843.	0.			GE ABUS
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	85,652.	0.			DYNACAD SENITMAG
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	25,000.	0.			PATIENT TRANSPORTATION PROGRAM
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	119,000.	0.			OB ROOM UPGRADES
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	12,102.	0.			CARE CLUB EMPLOYEE FUND
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474		5,248.	0.			NURSE DAY
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table					

LODI MEMORIAL HOSPITAL FOUNDATION, INC. Schedule I (Form 990)

94-2719880	Page 1
J = 2/1J0000	Pager

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
ADVENTIST HEALTH LODI MEMORIAL 975 S. FAIRMONT AVENUE LODI, CA 95240	94-1044474	501(C)(3)	51,711.	0.			BEAUTIFICATION OF CANCER CENTER, LANDSCAPE, PHOTOTS, AND OUTDOOR FURNITURE
LOEL FOUNDATION 05 S. WASHINGTON ST. LODI, CA 95240	94-2412399	501(C)(3)	24,500.	0.			MEALS ON WHEELS
GOT KIDS FOUNDATION PO BOX 349 LODI, CA 95241	80-0759590	501(C)(3)	10,000.	0.			DOLLY PARTON IMAGINATION LIBRARY (YEAR ONE)

Schedule I (Form 990)

94-2719880

Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	20	32,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION'S SCHOLARSHIP COMMITTEE AWARDS SCHOLARSHIPS USING

ESTABLISHED POLICIES THAT PROVIDE OPPORTUNITIES TO FURTHER THE EDUCATION OF

INDIVIDUALS WITHIN THE HOSPITAL'S SERVICE AREA WHO MAY NOT HAVE THE

RESOURCES TO DO SO. THE SCHOLARSHIPS ARE BOTH MERIT-BASED AND NEED-BASED

AND AVAILABLE TO HIGH SCHOOL SENIORS AND ADULTS ALIKE.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	<u> </u>
	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		i
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94-2	271988	0	
Ра	rt I Question	s Regarding Compensation				
4-			000		Yes	No
та		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	Travel for com					
		ation and gross-up payments I Health or social club dues or initiation fees				
		spending account Personal services (such as maid, chauffel				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	e committee Written employment contract				
	Independent o	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
2	organization or a re			4a		x
a b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
	-	eive payment from an equity-based compensation arrangement?				x
Ŭ		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····, ····,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	evenues of:				
а	The organization?			5a		Х
		ation?				X
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the n					
						X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		x
~		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the price described in Degulations assetion 52 (058 4(s)(2)2 If "Ves" describe in Det III.				x
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.			n 000	1 2024
гна	Por Paperwork R	eduction Act Notice, see the instructions for Form 990.	Sched	ule J (Forr	11 990	<i>,</i> 2021

132111 11-02-21

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WAYNE CRAIG	(i)	158,673.	0.	0.	0.	0.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LODI MEMORIAL HOSPITAL FOUNDATION, INC.

Employer identification number 94 - 2719880

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFTS OF THE 990 FORM ARE CIRCULATED BY EMAIL TO ALL BOARD MEMBERS PRIOR

TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS OF HIRING AND COMPENSATION DETERMINATION IS HANDLED BY

ADVENTIST HEALTH LODI MEMORIAL (AHLM) HUMAN RESOURCES DEPARTMENT ON BEHALF

OF THE FOUNDATION. AHLM HIRES THE FOUNDATION EMPLOYEES AND FILES FORM W-2,

WAGE AND TAX STATEMENT. THE FOUNDATION REIMBURSES AHLM FOR A PORTION OF THE

COMPENSATION AND BENEFITS PAID TO THE SHARED EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE

FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST

LOSS ON UNCOLLECTED PLEDGES

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

79,739.

-23,652.

56,087.

132211 11-11-21

2021.04030 LODI MEMORIAL HOSPITAL FOUN 43465__1

42

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	JU PAGE IU							990	_						
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BRECKENRIDGE PROPERTY	04/01/16	SL	39.00	MM1	16	274,000.				274,000.	33,088.		7,026.	40,114.
3	FAIRMONT SUITES 2 & 3	03/01/17	SL	39.00	MM1	16	350,307.				350,307.	34,431.		8,982.	43,413.
	* 990 PAGE 10 TOTAL BUILDINGS						624,307.				624,307.	67,519.		16,008.	83,527.
	FURNITURE & FIXTURES														
4	HP PRINTER	07/31/07	SL	5.00	HY1	17	647.				647.	647.		0.	647.
5	OFFICE FURNITURE	09/30/07	SL	5.00	нү1	17	6,247.				6,247.	6,247.		٥.	6,247.
6	LASER JET PRINTER	10/31/07	SL	5.00	нү1	17	2,217.				2,217.	2,217.		٥.	2,217.
7	MONITOR & KEYBOARD	11/30/07	SL	5.00	HY1	17	710.				710.	710.		٥.	710.
8	PRINTER	11/30/12	SL	5.00	MQ1	17	2,720.				2,720.	2,720.		0.	2,720.
9	OFFICE CHAIR	06/30/15	SL	5.00	HY1	17	560.				560.	560.		٥.	560.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						13,101.				13,101.	13,101.		0.	13,101.
	LAND														
13	(D)LANCASTER LAND	01/01/12	L				32,500.				32,500.			0.	
	* 990 PAGE 10 TOTAL LAND						32,500.				32,500.	٥.		٥.	٥.
	OTHER														
10	SIGNS (SEAGALE)	08/31/07	150DB	15.00	НУ1	17	1,126.				1,126.	1,020.		75.	1,095.
	* 990 PAGE 10 TOTAL OTHER						1,126.				1,126.	1,020.		75.	1,095.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

OKM 9.	90 PAGE 10				_	_	_	990	_	_				_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	COMMERCIAL RENTAL - LODI, CA * 990 PAGE 10 TOTAL -														
	COMMERCIAL RENTAL - LODI, CA						0.				Ο.	Ο.		Ο.	0
	* GRAND TOTAL 990 PAGE 10														
	DEPR						671,034.				671,034.	81,640.		16,083.	97,723
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						671,034.			0.	671,034.	81,640.			97,723
	ACQUISITIONS						٥.			0.	0.	٥.			0
	DISPOSITIONS/RETIRED						32,500.			0.	32,500.	0.			0
	ENDING BALANCE						638,534.			٥.	638,534.	81,640.			97,723
	ENDING ACCUM DEPR LESS DISPOSITIONS											97,723.			
	ENDING BOOK VALUE											540,811.			

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

CARRYOVER DATA TO 2022

Name LODI MEMORIAL HOSPITAL FOUNDATION, INC.	Employer Identification Number 94–2719880
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	1,194.
CA NET OPERATING LOSS	3,686.

Nar	ne:	LODI MEMORIAL	HOSPITAL FOUN	DATION I							FEIN:	94-2719880
Tyj Sec	be ar	nd Entity: PRE- B2 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Ye Ori nat	ar gi- ed	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for				
A 20 B 20)14)15	2,536. 1,880.	2,536. 686.	36.	1,622.	878. 230.	456.					
C		_,										
D F												
A 20 B 20 C D E F G H												
G H												
J												
K												
L M												
M N O P Q R S T												
Q R												
S												
U												
V W												
	ail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Ту	be	B										
а —												
B												
A B C D E F G H												
F		-										
G												
J K												
L												
M N												
O P												
Q												
R S												
T U												
V												
N	11257						42.4					

Na

04-01-21

Name: LODI MEMORIAL HOSPITAL FOUNDATION, I FEIN: 94-2719880 DETAIL CARRYOVER SCHEDULE Type and Entity: NOL CA Section 382 Annual Limitation Section 382 Carryover Amount Amount Amount Amount Amount Amount Amount Amount Amount Original Year Total Used for Carryover Origi-Amount 12/31/17 12/31/18 Amount Used nated 2,536. 622 108 2014 730. А В 2015 C D E F G Н J Κ L Μ Ν 0 Р Q R S T U V W Е Amount Detail S Used for B C Туре А В С D E F G Н J Κ L Μ Ν 0 Ρ Q R S T U v W 42.5

112571 04-01-21

Т

Т

Department of the Treasury invent developments	Form 8879-TE		IRS e-f	file Signat	ure Au	ithorization	F	OMB No. 1545-0047
<form> Dependent alternation Dependent alternation Dependent alternation Dependent alternation Definition alternation alternation Dependent alternation End or work square alternation Dependent alternation Dependent alternation End or work square alternation Dependent alternation Dependent alternation End of alternation End of alternation Dependent alternation Dependent alternation End of alternation End of alternation Order blacks and the admont on that line for the return the mass line the the applicable amount, if any, form the neturn Form 8006-CP are form on all alternation and one for all alternations alternation alternation and alternation and one form all alternations alternation alternation and alternation and one form all alternation alternation and alternation alternation and alternation alternation alternation and alternation alternatin alternatin alternation alternation alternatin alternation alt</form>	Form OOIJ-IL	For calendar ve					20	0004
Image of the image of		T OF Calendar ye					, 20	ZUZ I
Name of Infe EMP of SNI 94 - 2719860 Name and Bile of officer or person subject to tax PERSIDENT WAYNE CRAIG PERSIDENT Other Law and Bile of officer or person subject to tax WAYNE CRAIG WAYNE CRAIG PERSIDENT Oracle Association of the return for which you are using this Form 507-PE and enter the applicable answert, if any, from the return. Form 8058-CP and whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then exter the A. Ds. 29, 49, 45, 66, 76, 85, 96, or whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then exter the A. Ds. 29, 49, 40, 66, 65, 76, 89, 90, or whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then exter the A. Ds. 29, 49, 40, 66, 65, 76, 40, 40, 40, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1					-	•		
Name and title of officer or person subject to tax WAYNE CRAIG PREIL Type of Return and Return Information Check the box for the return. for which you are using the Form 8979 TE and enter the applicable amount, if any, from the return. Form 8038 CP and form \$300 times that and enters for all other forms, are whole dollars only. If you check the box on line 16, 26, 36, 46, 56, 57, 36, 86 Check the box for the return for which you are using the Form 8979 TE and enter the applicable amount, if any, from the return. Form 8038 CP and the net of the applicable into balow. Do not complete in than one line in Part I. Ta Form 800 check here b Total revenue, if any (Form 900 CP and (A), line 12) 1b Ta Form 700 check here b Total tax (Form 800, Part VII, column (A), line 12) 1b Sa Form 100-F0 check here b Total tax (Form 800, Part VII, loc Um (A), line 12) 1b Sa Form 800 check here b Total tax (Form 800, Part III, line 4) 5b Sa Form 800 check here b Total tax (Form 800, Part III, line 4) 7b Sa Form 800 check here b Total tax (Form 800, Part III, line 4) 7b Sa Form 800 check here b Total tax (Form 800, Part III, line 4) 7b Sa Form 800 check here b Total tax (Form 800, Part III, line 4) 7b Sa Form 800 check here b FNV of assets at end of tax year form 8227, then D) 8b	Name of filer						EIN or SSN	
PRESIDENT Part Type of Return and Methon Nor are using this Form 5879-TE and enter the applicable amount, if any, from the return. Form 6038-CP and form 5879-TE and enter the applicable amount, if any, from the return. Form 6038-CP and form 5879-TE and enter the applicable amount, if any, from the return. Form 6038-CP and form 5879-TE and enter the applicable amount, if any, from the return. Form 6038-CP and form 5879-TE and enter the applicable into below. Do not complete return one into in Part. 1a Form 590-CP check here b to total revenue, if any from 990, Part VIII, column (A), line 12) b 2a Form 990-PF check here b total revenue, if any from 990, Part VIII, column (A), line 12) b 2a Form 990-PF check here b total revenue, if any from 990, Part VIII, column (A), line 12) column (A), line 12) 3a Form 190-PC Lenck here b total tax (Form 1120-PCII, line 22) column (A), line 12) column (A), line 12) 5a Form 390-PC Lenck here b b total tax (Form 1120-PCII, line 2) column (A), line 12) column (A), line 12) <t< td=""><td>LODI M</td><td>EMORIAL</td><td>HOSPITA</td><td>L FOUNDAT</td><td>ION, I</td><td>NC.</td><td>94-271</td><td>9880</td></t<>	LODI M	EMORIAL	HOSPITA	L FOUNDAT	ION, I	NC.	94-271	9880
Part Type of Return and Return Information Const the both of the return of whythy ous arwing this form 8028-CP and form 8030 liken may enter values and cents. For all other forms enter whole dalays only, if you check the both on like 14, as, as, ab, ab, ab, ab, ab, ab, ab, ab, ab, ab	Name and title of officer or pe	rson subject to t					•	
Concert me return for which you are using this Form 8879-TE and enter the applicable amount, if my, form thereturn. Form 808/0-CP and form \$300 fibre and contex. For all other form, enter whole dollars only if you check the box on ine 14, as, 43, 45, 45, 45, 46, 45, 45, 45, 45, 45, 45, 45, 45, 45, 45	Part I Type of	Return and						
Form 330 files may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 12, 20, 30, 45, 56, 66, or 10, 57, 56, 96, or 10 ************************************					d optor the a	annliaghla amaunt if any f	kapp the keturn	Form 9029 CD and
10a Form 8038-CP check here ▶ _ b _ b Amount of credit payment requested (Form 8038-CP, Part III, Line 22) 10b Part III _ Declaration and Signature Authorization of Officer or Person Subject to Tax	whichever is applicable, bi than one line in Part I. 1a Form 990 check h 2a Form 990-EZ che 3a Form 1120-POL of 4a Form 990-PF che 5a Form 8868 check 6a Form 990-T check 7a Form 4720 check 8a Form 5227 check	lank (do not er here	hter -0-). But, if yo b Total i b Total i b Total i b Total i b Tax ba b Baland X b Total i b Total i b Total i b FMV o	ou entered -0- on t revenue, if any (Fo revenue, if any (Fo tax (Form 1120-PC ased on investme ce due (Form 886 tax (Form 990-T, F tax (Form 4720, P of assets at end o	he return, th orm 990, Par orm 990-EZ, OL, line 22) ent income (8, line 3c) Part III, line 4 art III, line 1) of tax year (F	en enter -0- on the applical rt VIII, column (A), line 12) line 9) (Form 990-PF, Part V, line 5) 	ble line below. [1 2 3 5) 4 5 6 7 8	Do not complete more b bb bb
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that IX I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)				,	, ,			
Under penalties of perjury, I declare that I I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)								00
of entity)						-		at to (name
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my acknowledge method for the transmission. (b) the reason for any delay in processing the return or refund, and (2) the of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) than colar to the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (dette lias outhorize the financial institutions involved in the processing of the electronic funds withdrawal.								
ER0 firm name Enter five numbers do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my F on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically file return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68043195219 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO Must Retain This Form - See Instructions Date ▶ 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.	payment of taxes to receiv personal identification nur PIN: check one box only	/e confidential nber (PIN) as r	information nece ny signature for t	essary to answer i the electronic retu	nauiries and	I resolve issues related to t	he payment. I h	nave selected a withdrawal.
do not enter all zero as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my F on the return's disclosure consent screen. Image: State agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my F on the return's disclosure consent screen. Image: State agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of office or person subject to tax Image: Determine the tax year 2021 electronically file Part III Certification and Authentication Date ERO's EFIN/PIN. Enter your six-digit electronic filing identification Image: Determine the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature GARY R. DANIEL Date b 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. </th <th>X I authorize BO</th> <th>WMAN &</th> <th>COMPANY,</th> <th>LLP</th> <th></th> <th>1</th> <th>to enter my PIN</th> <th></th>	X I authorize BO	WMAN &	COMPANY,	LLP		1	to enter my PIN	
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my Fe on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically file return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date				ERO firm name	1			Enter five numbers, but
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ▶ GARY R. DANIEL Date ▶ 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula disclosure con person subjec indicated withi	ating charities as sent screen. t to tax with resp in this return that	part of the IRS Fe pect to the entity, I a copy of the retu	d/State prog will enter m urn is being	gram, I also authorize the a ly PIN as my signature on t filed with a state agency(ie	forementioned the tax year 202	return is being filed ERO to enter my PIN 21 electronically filed
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ▶ GARY R. DANIEL Date ▶ 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.							Date 🕨	►
number (EFIN) followed by your five-digit self-selected PIN. 68043195219 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ► GARY R. DANIEL Date ► 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)								
submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► GARY R. DANIEL Date ► 09/29/22 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.								
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)	submitting this return in ac	-	-			-		
Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)	ERO's signature 🕨 GAR	Y R. DA	NIEL			Date 09	/29/22	
Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)				+ D - /	F *			
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)							o 6o	
						ess requested to D		
102521 01-11-22		Paperwork H	neauction Act N	ouce, see instruc	JUONS.			1011110019-1E (2021)
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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File a	congrato	application	for each	roturn

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificati	ion number (TIN)					
print	LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880										
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s		-								
return. See instruction		oreign add	Iress, see instructions.								
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 7					
Applica	tion	Return	Application			Return					
ls For		Code	Is For			Code					
Form 99	0 or Form 990-EZ	01	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99	0-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	0-T (trust other than above)	06	Form 8870			12					
Form 99	0-T (corporation) LIZ COCHRANE	07									
 If the If this box 1 1 th 	and the tax year entered in line 1 209-339-7565 organization does not have an office or place of business as for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the org . If a calendar year 2021 or . . .	Group Exe and atta NOVEI ganization's	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending	f this is fo all memb	r the whole ers the ext npt organiza	group, check this ension is for.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.					
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069					0.					
	timated tax payments made. Include any prior year over			3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.					
Caution instructi	: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8		nd Form 88	79-TE for payment 8868 (Rev. 1-2022)					

123841 01-12-22

		EXTENDED TO NOVEMBER 15, 2022		
Form 990-T	Ex	cempt Organization Business Income Tax Return	m L	OMB No. 1545-0047
		(and proxy tax under section 6033(e))	·· Γ	0004
	For calen	dar year 2021 or other tax year beginning, and ending		2021
		► Go to www.irs.gov/Form990T for instructions and the latest information.	<u> </u>	
Department of the Treasury Internal Revenue Service		to not enter SSN numbers on this form as it may be made public if your organization is a 501(c)		open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (] Check box if name changed and see instructions.)	DEmploy	ver identification number
B Exempt under section	Print]	LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94	1-2719880
X 501(c)(3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Group	exemption number structions)
408(e) 220(e)	Type	845 S. FAIRMONT AVENUE, 3	,	,
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A]	LODI, CA 95240	F └!	Check box if
	C Book	value of all assets at end of year 11,967,023.		an amended return.
G Check organization	n type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3) organizat	tion filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u> ▶∟
J Enter the number of	of attached	d Schedules A (Form 990-T)	1	<u> </u>
K During the tax year	, was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the	name and	identifying number of the parent corporation.		
		LIZ COCHRANE Telephone number	209-3	39-7565
Part I Total Ur	related	Business Taxable Income		
1 Total of unrelated	d business	s taxable income computed from all unrelated trades or businesses (see		
instructions)			. 1	0.
2 Reserved			. 2	
3 Add lines 1 and 2				
		ee instructions for limitation rules)		0.
5 Total unrelated b	ousiness ta	exable income before net operating losses. Subtract line 4 from line 3		
		g loss. See instructions	. 6	0.
7 Total of unrelated	d business	taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fr				
		Ily \$1,000, but see instructions for exceptions)		1,000.
9 Trusts. Section	199A dedu	uction. See instructions	. 9	
10 Total deduction			. 10	1,000.
11 Unrelated busin	ess taxab	le income. Subtract line 10 from line 7. If line 10 is greater than line 7,		<u> </u>
enter zero			. 11	0.
Part II Tax Con	•		r	
-		corporations. Multiply Part I, line 11 by 21% (0.21)		0.
		tes. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		· · · · · · · · · · · · · · · · · · ·	2	
3 Proxy tax. See in			▶ 3	
4 Other tax amoun			· – – – – –	
5 Alternative minim				
		lity income. See instructions		
		6 to line 1 or 2, whichever applies	. 7	0.
LHA For Paperwork	Reductio	n Act Notice, see instructions.		Form 990-T (2021)

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	90 T (2021)			<u> </u>	age 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Add lines 1a through 1d	1e			
2		2			0.
3	Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4			0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a	Payments: A 2020 overpayment credited to 2021 6a				
b	2021 estimated tax payments. Check if section 643(g) election applies 6b 6b				
с	Tax deposited with Form 8868 6				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ► 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority	/	Y	'es	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here 🕨				Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
4	Enter available pre-2018 NOL carryovers here S 1 , 194 . Do not include any post-2017 NOL ca	rryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	ırt I, line	4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction				
	Business Activity Code Available post-2017 NOL of	carryove	r		
	531120 \$	1,1	L94.		
	\$				
6a	Did the organization change its method of accounting? (see instructions)				Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V				
				<u> </u>	

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have excorrect, and complete. Declaration of preparer (oth				knowledge and belief, it is true,	
Here	Signature of officer	Date PRE	SIDENT		May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No	
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employ	ed	
Preparer	GARY R. DANIEL	GARY R. DANIEL	09/29/22	-	P00045989 ▶ 94-1481988	
Use Only		Firm's name BOWMAN & COMPANY, LLP				
ecc entry	10100 TH	10100 TRINITY PARKWAY, STE 310				
	Firm's address 🕨 STOCKTON	Phone no.	(209)473-1040			
123711 01-31-2	22				Form 990-T (2021)	
		46				

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FORM 990-T	PRE-20	18 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14 12/31/15	2,536. 1,880.	2,536. 686.	0. 1,194.	0. 1,194.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,194.	1,194.

SCHE	DUL	ΕA
(Form	990	-T)

Department of the Treasury

Name of the organization

Internal Revenue Service

Α

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only B Employer identification number LODI MEMORIAL HOSPITAL FOUNDATION, INC. 94-2719880

D Sequence:

531120 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business **HUNNELL COMMERCIAL PROPERTY RENTAL**

<u>E (</u>	Describe the unrelated trade or business HUNNELL COMMERCIAL PROPERTY RENTAL							
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	5	(C) Net		
1a	Gross receipts or sales							
b	Less returns and allowances c Balance >	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
с	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	0.					
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income							
1	Compensation of officers, directors, and trustees (Part X)				1			

LHA	For Paperwork Reduction Act Notice, see instructions.		Sche	dule A (Form	n 990-T) 2021
18	Unrelated business taxable income. Subtract line 17 from line 16		18	;	
17	Deduction for net operating loss. See instructions			,	0.
	column (C)			;	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fr	om Part I, line 13	З,		
15	Total deductions. Add lines 1 through 14			;	0.
14	Other deductions (attach statement)				
13	Excess readership costs (Part IX)			;	
12	Excess exempt expenses (Part VIII)			2	
11	Employee benefit programs		11	i	
10	Contributions to deferred compensation plans		10)	
9	Depletion				
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	,	
7	Depreciation (attach Form 4562). See instructions	7			
6	Taxes and licenses				
5	Interest (attach statement). See instructions				
4	Bad debts				
3	Repairs and maintenance				
2	Salaries and wages				
	compensation of officers, directors, and trustees (Fart A)		····· 		

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OMB No. 1545-0047

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of

					_ 7
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter met	hod of inventory valuation			Page 2
1	Inventory at beginning of year	,		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instr	uctions.	
	A 🗌				
	в				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
^	Total rents received or accrued. Add line 2c columns A	A through D. Enter here ar	d on Part I, line 6, co	olumn (A) 🕨 🕨	0.
3					
3	Deductions directly connected with the income				
3 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er				0.
4 5 Part	in lines 2(a) and 2(b) (attach statement)	ee instructions)	e 6, column (B)		0.
4 5	in lines 2(a) and 2(b) (attach statement)	ee instructions)	e 6, column (B)		0.
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	ee instructions)	e 6, column (B)		0.
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	ee instructions)	e 6, column (B)		0.
4 5 Part	in lines 2(a) and 2(b) (attach statement)	ee instructions)	e 6, column (B)		0.
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D	ee instructions)	e 6, column (B)		0. 0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3 3	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che	e 6, column (B)	instructions.	
4 5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	e 6, column (B)	instructions.	
4 5 Part 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	e 6, column (B)	instructions.	
4 5 2 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	e 6, column (B)	instructions.	D
4 5 2 3 4 5	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	B B %	instructions.	D
4 5 2 3 4 5 6	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	B B %	instructions.	D
4 5 2 3 3 b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	B B %	instructions.	D
4 5 2 art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A	B B (ine 7, column (A)	instructions.	D D 0.
4 5 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A A Enter here and on Part I, . Enter here and on Part I,	B B B B b b b b b b b b b b b b b b b b	instructions.	D D % % 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8 9	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). Che A A Enter here and on Part I, . Enter here and on Part I,	B B B B b b b b b b b b b b b b b b b b	instructions.	D D 0.

14110929 758669 43465

Sched	ule A (Form 990-T) 2021 VI Interest, Annu	uition D	ovaltios and P	onto fro	m Contro		raanizatio	00 (0		(inco)		Page 3
Fart	VI Interest, Annu	uities, n	oyanies, and n		in contro		-			-		
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tota		 Exempt Controlled Organization al of specified nents made 5. Part of colution that is included controlling orgonization 		art of colur included	nn 4 in the aniza- 6. Deductions direct connected with		l with		
(1)									9.000			
(2)												
(3)												
(4)												
		•	No		Controlled O	-	ions					
7	. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		Deductions di connected wi come in colum	th
(1)							Ŭ					
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 ar r here and on ne 8, column	Part I,
Totals						►			0.			0.
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee inst	tructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly conn (attach states)	ected	4. Set- (attach si	asides tatemen	5. Total de and set- (add cols	asides
(1)												
(2)												
(3)												
(4) Totals				•	Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amo column 5 here and c line 9, col	5. Enter on Part I,
Part	VIII Exploited E	xempt /	Activity Income	, Other	Than Adv	ertisin	ng Income ((see in:	structions)		
1	Description of exploite			/			0					
2	Gross unrelated busin	iess incom	e from trade or bus	iness. Ente	er here and o	on Part I,	, line 10, colun	nn (A)		2		
3	Expenses directly con	nected wit	th production of unr	elated bus	siness incom	e. Enter	here and on F	Part I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated	I trade or business.	Subtract li	ine 3 from lir	e 2. If a	gain, complete	е				
	lines 5 through 7									4		
5	Gross income from ac	tivity that i	is not unrelated bus	iness inco	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2021

1

123731 01-28-22

School	ule A (Form 990-T) 2021					1 Page 4
Part						Fage -
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodi	cals on a consolida	ted basis.		
	A					
	B C					
	D					
Entor	amounts for each periodical listed above in the		<u>,</u>			
	amounts for each periodical listed above in the	A Contesponding column		В	с	D
2	Gross advertising income			-		
-	Add columns A through D. Enter here and or		(A)		· · · · · · · · · · · · · · · · · · ·	0.
а		····, ···, ····			······	
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or		(B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not complet	te				
	lines 5 through 7, and enter zero on line 8 $_{\dots}$					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a	on				
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g	-	lumpa total ar zora	boro and o	1	
а	Part II, line 13					0.
Part						•••
		,	(3. Percentage	4. Compensation
	1. Name	2	. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
						a
	. Enter here and on Part II, line 1				►	0.
Part	XI Supplemental Information (set	ee instructions)				

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990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	1,880.	686.	1,194.	1,194.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,194.	1,194.

TAXABLE				FORM
202	Annual Information Return			199
Calendar Year	2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/	dd/yyyy)		
Corporation/Org	anization name	California corpo	pration number	
	EMORIAL HOSPITAL FOUNDATION, INC.	1007	793	
Additional inform	nation. See instructions.	FEIN	710000	
		94-2 PMB no.	719880	
Street address (s		PIVIB NO.		
043 5. City	FAIRMONT AVENUE, NO. 3	e ZIP code		
LODI			0	
Foreign country			ostal code	
r oreigir courta y	and Tologi province state county	i oreign p		
 D Final info ● □ Enter date: E Check act F Federal re (4) X G Is this a g H Is this org 		instructions n 23701d, has t ? See instruction der R&TC Sections from nonme ability company 100 or Form 10 it by the IRS or ending?	the organizatio ns. ion 23701g? mber sources ? 	n Yes X No Yes X No Yes X No Yes X No XYes No Yes No Yes X No Yes X No
Part I 0	omplete Part I unless not required to file this form. See General Information B and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1 2	2,485,732 00
	2 Gross dues and assessments from members and affiliates		2	00
	3 Gross contributions, gifts, grants, and similar amounts received STI	MT 1 •	3	514,391 ₀₀
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STI	MT 2		
and	This line must be completed. If the result is less than \$50,000, see General Information B	•	4	3,000,123 ₀₀
Revenues	5 Cost of goods sold 5	00		
11010111000		4,012 ₀₀		
	7 Total costs. Add line 5 and line 6			1,144,012 ₀₀
	8 Total gross income. Subtract line 7 from line 4	•		1,856,111 ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9	844,247 ₀₀
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	-		1,011,864 ₀₀
	 11 Total payments 12 Use tax. See General Information K 		11	00
			12 13	00
Filing Fee	 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 		13	00
T IIIIg T CC		1	15	00
	 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 		16	00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	, and to the best o	r my knowledge a	ind belief,
Sign Here	Signature of officer	Date	● Telep (209	o ^{hone} 9) 339-7833
	Preparer's GARY R. DANIEL	Check if self-employed	P 000	045989
Paid	Firm's name		● Firm'	
Preparer's	(or yours, if self-			1481988
Use Only	employed) 10100 TRINITY PARKWAY, STE 310		Telep	
	STOCKTON, CA 95219	· · · ·	-	9)473-1040
	May the FTB discuss this return with the preparer shown above? See instructions	• <u>X</u>	Yes I	No

California Exempt Organization

3651214

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022

LODI	MEMORIAL	HOSPITAL	FOUNDATION,	INC.
TODT	1101101(1110	11001 1 1110	1 00100111 1011 /	T 1101

94-2719880

Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of
	amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

									100 200
	1	Gross sales or receipts from all t					1	-	128,392 ₀₀
	2						2	_	456,763 ₀₀
	3	Dividends				•	3		00
Receipts	4	Gross rents				•	4		20,400 ₀₀
from	5	Gross royalties				•	5		00
Other	6	Gross amount received from sale	e of assets (See instructions)		STAT	$\mathbf{\Gamma}\mathbf{E}\mathbf{M}\mathbf{E}\mathbf{N}\mathbf{T} 3 \mathbf{\bullet}$	6		1,880,177 ₀₀
Sources	7					-	7		00
	8	Total gross sales or receipts from					8		2,485,732 ₀₀
	9	Contributions, gifts, grants, and	similar amounts paid		STAT	TEMENT $13 \bullet$	9		644,832 ₀₀
	10	Disbursements to or for member	ſS			•	10		00
	11	Compensation of officers, directed	ors, and trustees	SEE	STAT	TEMENT $4 \bullet$	11		15,867 ₀₀
	12	Other salaries and wages				•	12		11,267 ₀₀
Expenses		Interest					13		00
and		Taxes					14		2,283 ₀₀
Disburse-	15						15		5,831 ₀₀
ments	16	Depreciation and depletion (See	instructions)			•	16		9,057 ₀₀
	17	Depreciation and depletion (See Other expenses and disburseme	nts	SEE	STAT	FEMENT 5 •	17		155,110 00
	18	Total expenses and disburseme	nts. Add line 9 through line 1	7. Enter here and on S	ide 1. Pai	rt I. line 9	18	_	844,247 00
Schedu				f taxable year				xable	
Assets			(a)	(b)		(c)			(d)
				401,	472	()		•	302,746
		s receivable			626			•	114,259
2 Not no	ntae rai	ceivable STMT 6		701,				•	433,236
				,,,				•	455,250
		state government obligations						•	
		in other bonds							
								•	
		in stock						•	
8 Mortg	age loa	ans		9,417,	750			•	10,543,234
9 Utner	Investi	ments STMT 7	638,534		750	620	- 2 4	•	10,545,254
10 a Dep		le assets STMT 12	(81,640)		001	638, ()) 4) 2 \		540,811
		mulated depreciation	(01,040)		894	(97,74	23)		540,011
11 Land				34,	500			•	20 727
		STMT 8			737			•	32,737 11,967,023
				11,225,	. 564				11,907,023
Liabilities									
		yable						•	
		s, gifts, or grants payable						•	
		otes payable						•	
17 Mortg	ages p	ayable		100	0.0			•	
18 Other	liabiliti	es STMT 9		106,	070				47,029
		or principal fund						•	
		tal surplus. Attach reconciliation						•	11 010 001
		nings or income fund		11,119,	494			•	11,919,994
		ties and net worth		11,225,	564				11,967,023
Schedu	le N		per books with income per r						
		•	dule if the amount on Schedu		<i>,</i> .			_	
		per books		500 7 Income r					
		me tax		not includ	ded in this	s return. Attach schedu	ile 🔭	•	79,739
3 Exces	s of ca	pital losses over capital gains \dots		8 Deduction	ns in this	return not charged			
4 Incom	ne not i	recorded on books this year.		against b	ook incor	me this year.			
Attach	n sched	dule	•	Attach sc	hedule _.			•	
5 Expen	ses re	corded on books this year not		9 Total. Add					79,739
deduc	ted in	this return. Attach schedule	• 291,	103 10 Net incon	ne per ret	turn.			
		ne 1 through line 5	1,091,		line 9 fro	m line 6			1,011,864
				STATEMENT					
	Side	2 Form 199 2021	022 3	652214					
			-		-				

94-2719880 _____

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STA	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE ANTONE & MARIE RAYMUS FOUNDATION	544 E YOSEMITE AVENUE MANTECA, CA 95336	09/15/21	85,652.
DIEDE CONSTRUCTION	PO BOX 1007 WOODBRIDGE, CA 95258	12/31/21	41,045.
FINANCIAL CENTER CREDIT UNION	PO BOX 208005 STOCKTON, CA 95208	03/16/21	25,000.
DONNIE & WENDY GARIBALDI	1811 RIVERGATE DR LODI, CA 95240	10/21/21	25,000.
DARYL GEWEKE	1352 RIVERGATE DR LODI, CA 95240	11/10/21	25,000.
HENRY L. GUENTHER FOUNDATION	3020 OLD RANCH PKWY STE 300 SEAL BEACH, CA 90740-2751	08/10/21	20,000.
FOWLE, CAROLYN	1142 RIVERGATE DR., STE. 10 LODI, CA 95215	12/31/21	19,700.
BILL & CAROL MEEHLEIS	3047 BELMONT DR LODI, CA 95242	11/15/21	15,000.
VIENNA NURSING & REHABILITATION	800 S HAM LANE LODI, CA 95242	06/14/21	15,000.
TERRI & TIMOTHY DAY	37960 MARONDI DR CALIMESA, CA 92320	12/31/21	14,500.
TOM & SANDRA STOKES	7581 W KILE RD LODI, CA 95242	12/31/21	13,450.
INGRID HANSEN	543 HAMPTON DR LODI, CA 95242-3549	12/15/21	12,574.
MCCOLLOUGH, BROOKE	1443 SPRINGHAVEN WAY LODI, CA 95242	12/31/21	12,100.
MURDACA, JIM & ANNETTE	1266 WINROSE CT LODI, CA 95242	12/31/21	10,083.
DR. FRED & JUDY BUNCH	2125 GRENOBLE DR LODI, CA 95240	12/31/21	10,300.
DAVID & PAULA FISHER	2000 W BROVELLI WOODS LANE ACAMPO, CA 95220	10/21/21	10,000.

LODI MEMORIAL HOSPITAL	FOUNDATION, INC.		94-2719880
KENNETH & DIANE HEFFEL	11 S AVENA AVE LODI, CA 95240	06/03/21	10,000.
RUDY & VIRGINIA MAGGIO	PO BOX 1686 WOODBRIDGE, CA 95258	11/15/21	10,000.
BART & GEORGIA ROBERTSON	25000 N SEQUA LN ACAMPO, CA 95220	11/01/21	10,000.
COLLINS ELECTRICAL COMPANY, INC	3412 METRO DR STOCKTON, CA 95215	12/31/21	7,500.
STEVE & JILL MANN	115 N ORANGE LODI, CA 95240	12/31/21	7,000.
KURT & SANDRA KAUTZ	5490 E BEAR CREEK RD LODI, CA 95240-7213	12/31/21	6,900.
COOK, REBECCA	5332 N CONFER RD STOCKTON, CA 95215	12/31/21	5,716.
DR. N. ERICK & JULIE ALBERT	1241 RIVERGATE DR LODI, CA 95240-0547	12/31/21	5,200.
PHIL & DEBRA LENSER	PO BOX 1603 WOODBRIDGE, CA 95258	12/31/21	5,100.
CEN-CAL FIRE SYSTEMS	PO BOX 1284 LODI, CA 95241	05/24/21	5,000.
DR. STEPHEN & DR. LYDIA HOWELL	4834 ROSELIN WAY ELK GROVE, CA 95758	09/07/21	5,000.
MEEHLEIS SINCLAIR FAMILY FOUNDATION	1303 E LODI AVE LODI, CA 95240	07/13/21	5,000.

TOTAL INCLUDED ON LINE 3

436,820.

CA 199		NONCASH CONTRIBUTIONS STATEM INCLUDED ON PART I, LINE 3				
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS				
DIEDE CONSTRUCTION	PO BOX 1007 W	OODBRIDGE, CA 952	258			
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT			
OFFICE CARPETING	07/01/21	8,820.	8,820.			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS				
SMACK PIE PIZZA	121 S SCHOOL	STREET LODI, CA 9	95240			
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT			
MEALS	12/31/21	5,050.	5,050.			
TOTAL INCLUDED ON LINE 3		13,870.	13,870.			

CA 199 GROSS AN	MOUNT FR	OM SAL	EOFZ	ASSETS		S'	TATEMENT
DESCRIPTION		DA ACQU	TE IRED	DA1 SOI			THOD UIRED
SALE OF SECURITIES		03/2	7/19	12/31	/21	PUR	CHASED
	COSI OTHER		DEPI	REC.		PENSE SALE	GROSS SALES PRICE
	1,111	,512.		0.		0.	1,879,677
DESCRIPTION		DA ACQU	TE IRED	DA'I SOI			THOD UIRED
SALE OF LAND		01/0	1/12	08/25	5/21	PUR	CHASED
	COSI OTHER		DEPI	REC.		PENSE SALE	GROSS SALES PRICI
	32	,500.		0.		0.	500
TOTAL TO FORM 199, PAGE 2, LN 6	1,144	,012.		0.		0.	1,880,177

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

4

NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PHIL FELDE 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	CHAIRMAN 1.50	0.
JEREMY LENSER 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	VICE CHAIRMAN 1.20	0.
STEVE DIEDE 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	SECRETARY 1.00	0.
JAN CHANDLER 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	CHIEF FINANCIAL OFFICER 1.00	0.
COREY WRIGHT 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	FINANCE CHAIR 1.00	0.
MELISSA PHILLIPS-STROUD 845 S. FAIRMONT AVENUE, LODI, CA 95240		PUBLIC RELATIONS CHAIR 1.30	0.
MIKE GEORGUSON 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	PAST PRESIDENT/LMH DELEGAT 0.80	0.
ALI COLAROSSI 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	BOARD MEMBER 0.60	0.
TRENT DIEHL 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	BOARD MEMBER 0.60	0.
DR. DEVINDER GREWAL 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	BOARD MEMBER 0.60	0.
JERRY HUGO 845 S. FAIRMONT AVENUE, LODI, CA 95240	3	BOARD MEMBER 0.60	0.

STATEMENT

LODI MEMORIAL HOSPITAL FOUNDATION,	INC.	94-2719880
BEN MCDONALD 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 0.50	0.
RON METTLER 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 0.40	0.
DR. KEN MULLEN 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 0.50	0.
KATE ROONEY 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 0.50	0.
RANDY SNIDER 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 1.00	0.
NANCY WATTS 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 1.20	0.
JASON WHITNEY 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER 0.50	0.
REV. BILL CUMMINS 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	BOARD MEMBER, LIAISON 0.50	0.
WAYNE CRAIG 845 S. FAIRMONT AVENUE, 3 LODI, CA 95240	PRESIDENT/CEO 40.00	15,867.
TOTAL TO FORM 199, PART II, LINE 11		15,867.

CA 199	OTHER	EXPENSES	STATEMENT	5
DESCRIPTION			AMOUNT	
SPLIT INTEREST EXPENSES STATE & FOREIGN TAXES SUPPLIES DEPRECIATION PROPERTY TAXES DIRECT EXPENSES OF FUNDRAI OTHER EMPLOYEE BENEFITS ACCOUNTING FEES	SING EVENTS			03. 40. 26. 73. 37. 29.

LODI MEMORIAL HOSPITAL FOUNDATION, INC.		94-2719880
INVESTMENT MANAGEMENT FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES		31,741. 13,675. 11,131. 1,088. 1,580. 1,108. 1,410.
TOTAL TO FORM 199, PART II, LINE 17		155,110.
CA 199 NET NOTES RECEIVABI	ĿE	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	701,585.	433,236.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	701,585.	433,236.
CA 199 OTHER INVESTMENTS	5	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	9,417,750.	10,543,234.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	9,417,750.	10,543,234.
CA 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
POOLED INCOME FUND	32,737.	32,737.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	32,737.	32,737.

94-2719880

CA 199	OTHER LIABILITIES	; 	STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ANNUITY PAYABLE - REISS ANNUITY PAYABLE - SNIDER ANNUITY PAYABLE - WILLIAMS		18,816. 40,226. 47,028.	0. 0. 47,029.
TOTAL TO FORM 199, SCHEDULE L, L	INE 18	106,070.	47,029.
	CORDED ON BOOKS T NCLUDED IN THIS F		STATEMENT 10
DESCRIPTION			AMOUNT
CHANGE IN VALUE OF SPLIT INTERES	т		79,739.
TOTAL TO FORM 199, SCHEDULE M-1,		79,739.	
CA 199	FUND BALANCES		STATEMENT 11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICT		10,784,386. 335,108.	11,691,234. 228,760.
TOTAL TO FORM 199, SCHEDULE L, L	INE 21	11,119,494.	11,919,994.
CA SCHEDULE L D	EPRECIABLE ASSETS	 1	STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
BRECKENRIDGE PROPERTY FAIRMONT SUITES 2 & 3 HP PRINTER	274,000. 350,307. 647.	40,114. 43,413. 647.	233,886. 306,894. 0.
OFFICE FURNITURE LASER JET PRINTER MONITOR & KEYBOARD	6,247. 2,217. 710.	6,247. 2,217. 710.	0. 0. 0.
PRINTER OFFICE CHAIR	2,720. 560.	2,720. 560. 1,095.	0. 0. 31.
SIGNS (SEAGALE)	1,126.	1,095.	51.

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94-2719880

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CA 199	CASH CONTRIBUTI AND SIMILAR			STATEMENT 13
ACTIVITY CLASSIFICA	TION			
GRANTS AND OTHER AS	SISTANCE TO DOMESTIC	ORGANIZATI	ONS	
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT A LODI, CA 95240	VENUE –	NONE	244,843.
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT A LODI, CA 95240	VENUE –	NONE	85,652.
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT A LODI, CA 95240	VENUE –	NONE	25,000.
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT A LODI, CA 95240	VENUE -	NONE	119,000.
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT A LODI, CA 95240	VENUE –	NONE	12,102.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT AVENUE - LODI, CA 95240	NONE	5,248.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADVENTIST HEALTH LODI MEMORIAL	975 S. FAIRMONT AVENUE - LODI, CA 95240	NONE	51,711.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LOEL FOUNDATION	105 S. WASHINGTON ST LODI, CA 95240	NONE	24,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GOT KIDS FOUNDATION	PO BOX 349 - LODI, CA 95241	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MISCELLANEOUS	845 S. FAIRMONT AVENUE,	NONE	
ORGANIZATIONS	SUITE 3 - LODI, CA 95240	NONE	34,276.

TOTAL FOR THIS	ACTIVITY	612,332.
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LODI MEMORIAL HOSPITAL FOUNDATION, INC.

ACTIVITY CLASSIFICATION

GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNDISCLOSED DUE TO FERPA REGULATIONS	845 S. FAIRMONT AVENUE, SUITE 3 - LODI, CA 95240	NONE	32,500.

TOTAL FOR THIS ACTIVITY

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 644,832.

32,500.

TAXABLE YEARCo2021and	rporat d Amo	ion Depr rtization	reciatio	n						CALIFORN	IIA FORM 85
Attach to Form 100 or Form				FORM	199			FF	EIN	94-27	19880
Corporation name									Califo	rnia corporati	
LODI MEMORIAI				N, INC.	,					100779	3
Part I Election To Expense											
1 Maximum deduction und			a								\$25,000
2 Total cost of IRC Section											
3 Threshold cost of IRC Se											\$200,000
4 Reduction in limitation. S											
5 Dollar limitation for taxab			e 1. If zero or l						. 5		
	Description o	f property		(b) Cost (b	ousiness use o	nly) (c) Elected o	cost	_		
6									_		
									_		
7 Listed property (elected l											
8 Total elected cost of IRC				n (c), line 6 and	d line 7						
9 Tentative deduction. Ente											
10 Carryover of disallowed d											
11 Business income limitatio											
12 IRC Section 179 expense									. 12		
13 Carryover of disallowed d Part II Depreciation and EI											
	1					1	(4)			(~)	(1-)
(a) Description of property	(b) Date acqu		(c) st or	d) Depreciation		(e)	(f) Life o	or		(g) eciation	(h) Additional
	(mm/dd/y		r basis	allowable in (Depreciation method	rate			nis year	first year depreciation
14							-				depreciation
							-				
							-				
							-				
SEE STATEMENT	14	67	1,034.	8	31,640.						
15 Add the amounts in colur			-				_				
See instructions for line 1	(0)	()		i) may not oxot	σου φ2,000.			15		16,083	
Part III Summary	n, oolanni (n	/						10		_ ,	
16 Total: If the corporation is	s electing:										
IRC Section 179 expense Additional first year depre	, add the amo	Dunt on line 12 and R&TC Section 24	1 line 15, colur 1356 add the a	mn (g) or amounts on lin	e 15. columns	(a) and (b)	r				
Depreciation (if no electio	n is made), e	nter the amount fi	rom line 15, co	olumn (g)		(g) and (n) e	•		. 16		16,083
17 Total depreciation claime									. 17		16,083
18 Depreciation adjustment.											
If line 17 is less than line	-					•					
amounts are used to dete	rmine net inc	ome before state	adjustments o	n Form 100 or	Form 100W, n	io adjustment	is necessa	ry.)	. 18		0
Part IV Amortization											
(a) Description of prop	erty	(b) Date acquired (mm/dd/yyyy)	Cos	c) st or basis	() Amortization allowable in		(e) R&TC Section (see instructio	Per perc	(f) od or entage		g) ization s year
19							(
20 Total. Add the amounts in	n column (g)								. 20		
21 Total amortization claime	d for federal j	ourposes from fed	eral Form 456	2, line 44					. 21		
22 Amortization adjustment.	-										
Side 1, line 6. If line 21 is	less than line	e 20, enter the diff	erence here an	id on Form 100) or Form 100\	N, Side 2, line	12		. 22		

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CA 3885	DEPRE	STATE	1ENT 14			
ASSET NO./ DATE IN DESCRIPTION SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BRECKENRIDGE PROPERT	 Ү					
04/01/16		33,088.	\mathtt{SL}	39.00	7,026.	
3 FAIRMONT SUITES 2 & 03/01/17		34,431.	SL	39.00	8,982.	
4 HP PRINTER	,					
07/31/07	647.	647.	\mathtt{SL}	5.00	0.	
5 OFFICE FURNITURE						
09/30/07	6,247.	6,247.	\mathtt{SL}	5.00	0.	
6 LASER JET PRINTER 10/31/07	2,217.	2,217.	CT	5.00	0.	
7 MONITOR & KEYBOARD	2,21/•	2,21/.	ЪП	5.00	0.	
11/30/07	710.	710.	\mathbf{SL}	5.00	0.	
8 PRINTER			~ _		•••	
11/30/12	2,720.	2,720.	\mathtt{SL}	5.00	0.	
9 OFFICE CHAIR						
06/30/15	560.	560.	\mathtt{SL}	5.00	0.	
10 SIGNS (SEAGALE)	1 100	1 0 0 0	1 5 0 5 5	1 - 00	75	
08/31/07 13 LANCASTER LAND	1,126.	1,020.	120DB	15.00	75.	
13 LANCASTER LAND 01/01/12	32,500.		L		0.	
TOTAL TO FORM 3885	671,034.	81,640.		-	16,083.	

TAXABLE YEAR 2021California e-file Return Authorization for Exempt Organizations	FORM 8453-EO
Exempt Organization name	Identifying number
LODI MEMORIAL HOSPITAL FOUNDATION, INC.	94-2719880
Part I Electronic Return Information (whole dollars only)	94-2719000
1 Total gross receipts (Form 199, line 4)	1 3,000,123
 2 Total gross income (Form 199, line 8) 	4 056 444
3 Total expenses and disbursements (Form 199, line 9)	
Part II Settle Your Account Electronically for Taxable Year 2021 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/ Withdrawal date (mm/dd/ Ab	(aaa)
Part III Banking Information (Have you verified the exempt organization's banking information?)	ýýýý)
5 Routing number	
6 Account number 7 Type of account: Checkin	g 🔲 Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic f	unds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my e transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. I a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return a statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	ne exempt organization's 2021 f the exempt organization is filing nization's fee liability, the exempt nd accompanying schedules and
Sign Berge Signature of officer Date Title	
Here Signature of officer Date Title	
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and cou am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I dec accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitti provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other req 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the ret the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pa I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best true, correct, and complete. I make this declaration based on all information of which I have knowledge.	clare, however, that form FTB 8453-EO ng this return to the FTB; I have uirements described in FTB Pub. urn or four years from the date id preparer, under penalties of perjury,
ERO's signature GARY R. DANIEL Date Check if Check if also paid preparer X employed	
Must Firm's name (or yours BOWMAN & COMPANY, LLP	Firm's FEIN 94-1481988
Sign if self-employed and address 10100 TRINITY PARKWAY, STE 310	
STOCKTON, CA	ZIP code 95219
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statemen and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	nts, and to the best of my knowledge
Paid Paid preparer preparer's signature signature	Paid preparer's PTIN
Must Firm's name (or yours	Firm's FEIN
Sign and address	ZIP code
	2. 6006
	FTB 8453-EO 2021

129021 12-29-21

TAXABL	.e ye/	California Exempt Organization					01-06-22 FORM
20	21	Business Income Tax Return					1 09
Calendar Ye	ear 20	21 or fiscal year beginning (mm/dd/yyyy) , and ending (m	m/dd/yyyy)				<u> </u>
		nization name IORIAL HOSPITAL FOUNDATION, INC.				ia corporation numb 07793	er
Additional	infor	mation. See instructions.			FEIN 94	-2719880	
		uite/room no.) FAIRMONT AVENUE, NO. 3		PMB no).		
City (If the c LODI	corpo	ration has a foreign address, see instructions.)	State CA	ZIP code 9524			
Foreign co	ountr	postal	code				
R&TC S	n edu ectior	ed? Yes X No H Is the organization a r cation IRA within the meaning of 23712? Yes X No I Is this organization cl ation under audit by the IRS or has the IRS Zone (EZ), Local Age	ion 4947(a aiming any)(1)? former; Er	Iterprise	• Yes	X No
D Final ret	urn?	rior year? • Yes X No (LAMBRA), Targeted Enhancement Area (N Ived Surrendered (Withdrawn) • Merged/Reorganized m/dd/yyyy) • stock bonus plan as c	1EA) tax be qualified pe	nefits?	fit-sharir	• Yes	X No
F Account	ting m	wird (windrawn) imerged/Reorganized m/dd/yyyy) • stock bonus plan as c urn? • ethod used: (1) cash (2) X Accrual (3) Other If "Yes," attach federal	ctivity (UBA	A) code 🔍	• <u> </u>		X No
Taxable		Unrelated business taxable income from Side 2, Part II, line 30			• 1		00
Corpora- tion		Mult. In 1 by the avg. apport. pctg% from the Sch. R, Apport. Formula Wksht, Part A, In					00
Taxable		Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd Unrelated business taxable income from Side 2, Part II, line 30			• 3 • 4		0 00
Trust		Unrelated business taxable income from line 3 or line 4			• 5		00
	6	EZ, LAMBRA, or TTA NOL carryover deduction			• 6		00
Tax	7	Net Operating Loss deduction. See General Information N			• 7		00
Compu-	8	Add line 6 and line 7			• 8		00
tation	9	Net unrelated business taxable income. Subtract line 8 from line 5			• 9		00
	10	Tax 8.84 % x line 9. See General Information J			• 10		00
	11	Tax credits from Schedule B. See instructions			• 11		00
Total	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-			• 12		00
Tax	13	Alternative minimum tax. See General Information 0			• 13		00
	14	Total tax. Add line 12 and line 13			• 14		0 00
		Overpayment from a prior year allowed as a credit • 15		00	<u>」</u>		
	16	2021 estimated tax payments. See instructions • 16		00	<u>」</u>		
Payments	17	· · · · · · · · · · · · · · · · · · ·		00	<u>」</u>		
	18	Amount paid with extension (form FTB 3539)		00	ו		
	19				• 19		00
	20				• 20		00
Use Tax/		Payments balance. If line 19 is more than line 20, subtract line 20 from line 19			• 21		00
Tax Due/		Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	• 22		00		
Overpay-		Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	• 23		00		
ment		Overpayment. Subtract line 14 from line 21. See instructions			• 24		00
	25	Enter amount of line 24 to be applied to 2022 estimated tax			• 25		00

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128961 01-06-22

									_
	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24				•	26		00
Refund or		${\bf a}$ Fill in the account information to have the refund directly deposited. Rou		ber	• 26a				
Amount		b Type: Checking • Savings • c Account Number							
Due	27	Penalties and interest. See General Information M				•	27	(00
		• Check if estimate penalty computed using Exception B or C and atta						i i-	
		Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line	e 24				29	(00
		Business Taxable Income							
		ted Trade or Business Income						 	
		b Less returns and allowances			Balance		10		00
		s sold and/or operations (Schedule A, line 7)					2		00
3 Gross	profit.	Subtract line 2 from line 1c				•	3		00
		n net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a		00
		oss) from Part II, Schedule D-1					4b		00
		s deduction for trusts pss) from partnerships, limited liability companies, or S corporations. See Sp				•	40	·	00
						•	5		00
		lule K-1 (565, 568, or 100S) or similar schedule					6		00 00
7 Unrela	noon ab bat	le (Schedule C) bt-financed income (Schedule D)					7		00
		ncome of an R&TC Section 23701g, 23701i, or 23701n organization (Schedu					8		00
		uities, Royalties and Rents from controlled organizations (Schedule F)					9		00
		empt activity income (Schedule G)					10		00
		ncome (Schedule H, Part III, Column A)					11		00
		e. Attach schedule					12		00
13 Total ı	Inrelat	ed trade or business income. Add line 3 through line 12				•	13		00
		ctions Not Taken Elsewhere (Except for contributions, deductions must be di					iess ir		-
		on of officers, directors, and trustees from Schedule I					14		00
		wages					15		00
							16		00
							17		00
							18		00
							19	(00
		S					20	(00
		on (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)				00			
		eciation claimed on Schedule A				00	21	(00
22 Deplet	ion .					•	22	(00
23 a Con	tributio	ons to deferred compensation plans					23a	(00
b Emp	oloyee	benefit programs					23b	(00
24 Other	deduct	ions				•	24	(00
25 Total of	deducti	ons. Add line 14 through line 24					25	(00
26 Unrela	ted bu	siness taxable income before allowable excess advertising costs. Subtract line	e 25 from	n line 13 \dots		•	26	(00
		tising costs (Schedule H, Part III, Column B)				•	27	(00
		siness taxable income before specific deduction. Subtract line 27 from line 26	6			•	28		00
29 Specif						•	29	1,000 0	00
30 Unrela	ted bu	siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter	line 28		statement or or		30	(00
Sign	locate	rivacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to lear FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notic	e by mail,	call 800.338.05	05 and enter for	n code	948 w	hen instructed.	
Here	and c	r penalties of perjury, I declare that I have examined this return, including accompanying sc omplete. Declaration of preparer (other than taxpayer) is based on all information of which p	preparer ha	id statements, a s any knowledg	and to the best o ge.	т ту к			
	Sign				Date			Telephone	. .
		ficer PRESIDENT					`	209) 339-783	13
Paid			Date	20/22	Check if self employed			PTIN	
Preparer's		ature DANIEL	097	29/22	empioyeu			00045989	
Use Only		's name (or yours,						Firm's FEIN	
		f-employed) BOWMAN & COMPANY, LLP	г. 21	0				4-1481988	
	and	address 10100 TRINITY PARKWAY, ST	с)T	U				Telephone 209)473-1040	۱
	Mart	STOCKTON, CA 95219							,
	Iviay	the FTB discuss this return with the preparer shown above? See instructions						• X Yes No	
	Side	2 Form 109 2021 022 3642214	I						
	Side								

Schedule A Cost of Goods Sold and/or Operations.								
Method of inventory valuation (specify)		N/A						
1 Inventory at beginning of year						1		00
2 Purchases					····· -	2		00
3 Cost of labor					•	3		00
4 a Additional IRC Section 263A costs. Attach schedule						4a		00
						4b		00
5 Total. Add line 1 through line 4b					····	5 6		00
6 Inventory at end of year7 Cost of goods sold and/or operations. Subtract line 6 from	m line 5. Enter here and on	Sida 2 Dart Llina	 ົາ		···· -	7		00
Do the rules of IRC Section 263A (with respect to proper					L	<u> </u>	Yes X No	00
Schedule B Tax Credits.			is organ					
1 Enter credit name	code ●	• 1			00			
2 Enter credit name	aada 🖷	• 2			00			
3 Enter credit name	code •	• 3			00			
4 Total. Add line 1 through line 3. If claiming more than 3 (
on line 4. Enter here and on Side 1, line 11	, 					4		00
Schedule K Add-On Taxes or Recapture of Tax.								•
1 Interest computation under the look-back method for co	mpleted long-term contracts	s. Attach form FTB	3834		•	1		00
2 Interest on tax attributable to installment: a Sales of c	ertain timeshares or residen	tial lots			•	2a		00
b Method for	or non-dealer installment obl	igations			•	2b		00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain or	n the disposition of intangibl	es			•	3		00
4 Credit recapture. Credit name					•	4		00
5 Total. Combine the amounts on line 1 through line 4						5		00
Schedule R Apportionment Formula Worksheet. Us	-							
Part A. Standard Method - Single-Sales Factor Formula. Co	omplete this part only if the		he single		mula.			
		(a) Total within	and	(b) Total w	ithin		(C) Percent withir	
		outside Calif	ornia	Califor	nia		California [(b) ÷ (a)]	x 100
1 Total sales		•		•				
2 Apportionment percentage. Divide total sales column (b	, .							
and multiply the result by 100. Enter the result here and							•	
Part B. Three Factor Formula. Complete this part only if the	corporation uses the three-	actor formula.		(b)			(c)	
		Total within		Total w			Percent within California [(b) ÷ (a)]	
1. Dronowie factory		outside Calif	ornia	Califor	nia			x 100
 Property factor: Payroll factor: Wages and other compensation of emplo 		•		•			•	
3 Sales factor: Gross sales and/or receipts less returns an		•		•			•	
4 Total percentage: Add the percentages in column (c)		-		 •			•	
 5 Average apportionment percentage: Divide the factor o 								
result here and on Form 109, Side 1, line 2. See instruction								
Schedule C Rental Income from Real Property and		with Real Propert	v					
For rental income from debt-financed property, use Schedule D, R&TC S			-	ns. See instructions	s for ex	ceptio	ns.	
1 Description of property			2 Re	ent received or accru	ied	3 Pe	rcentage of rent attributa	ble to
						pe	rsonal property	
								%
								%
								%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any i	tem in col	umn 3 is more than	10%,	but no	t more than 50%	
(a) Deductions directly connected	(b) Income includible, column	(a) Gross income re		(b) Deductions direc		ected	(c) Net income includi	
	2 less column 4(a)	column 2 x colur	nn 3	perty		column 5(a) less co	oumn 5(b)	
Add columns $4/b$ and column $E(a)$. Enter here and an Side 2								

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6



L

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed prop	perty				2 Gross income allocable to de	3 Deductio	3 Deductions directly connected with or allo				locable to debt-financed property		
					property	or maneed	(a) Straigh	nt-line dep	reciation	(b) Ot	her de	ductions	
4 Amount of average acquisition	5 Average adj		6 Debt bas		7 Gross income		8 Allocat	ole deduct	ions, tota	l of g Ne	t incon	ne	
indebtedness on or allocable to debt-financed property	of or allocat debt-finance		percentage column 4		reportable, column 2 x col	umn 6	 column column 	ns 3(a) and n 6	1 3(b) x	(or	IOSS) II	ncludible, Iess column 8	
			column 5										
				%									
				%			-						
	-												
				%									
Total. Enter here and on Side 2 Schedule E Investment					00701: 0+	00701							
·. · · · · · · · · · · · · · · · · · ·	nt income of a		ion 2370 ig,		23701i, or Secti							alance of investment	
1 Description 2 Amoun				3 conne	tions directly cted	4 column	estment inco 2 less colum	in 3 5 :	Set-asides		U in	alance of investment icome, column 4 less olumn 5	
Total. Enter here and on Side 2	, Part I, line 8												
Enter gross income from mem													
Schedule F Interest, /	Annuities, Roy	alties and R	ents from Co	ontrolled	Organizations								
					Exempt Contro	lled Orgar	nizations						
1 Name of controlled organizations			2 Employer identification number	n	3 Net unrelated income (loss)			nts made th th or		5 Part of column (4) that is included in the controlling organization's gross income		Deductions directly connected with income in column (5)	
1													
2													
3													
Nonexempt Controlled Organi	zations												
7 Taxable income					8 Net unrelated income (loss)	9	9 Total of specified payments made					1 Deductions directly connected with income in column (10)	
1													
2													
3													
4 Add columns 5 and 10													
5 Add columns 6 and 11													
6 Subtract line 5 from line 4.	Enter here and	on Side 2. P	art I. line 9										
	Exempt Activi	,	,										
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) 2 Gr bu from the same exempt activity		2 Gross unrelated business income from trade or business directly connected with production of unrelated business income		d with	4 Net income from unrelated trade or business, is no		Gross income from activity that is not unrelated business income		nses utable to in 5	ble to expense, colu		8 Net income includible, column 4 less column 7 but not less than zero	
Total. Enter here and on Side 2	, line 10				•	•							

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Repo Name of periodical		2 Gross advertising income		3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column 8(b). Do not complete columns 5, 6, and 7.		5 Circ inco		6 Rea	adership ts		7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
Tota														
Pa	Income from Periodicals Repo	orted or	a Separate	Basis								-		
						D					Conta			
	Int III Column A - Net Advertising I					Par (a) Fr	t III Colur nter "consolidated		Excess Adve	using		r total am	ount from Part I, column 4,	
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals	a)) Enter total am columns 4 or Part II, columi	nount from Part I 7, and amount I ns 4 or 7	i, listed in	(a) ⊏r na	ames of non-cons	solidated	periodicals				listed in Part II, column 4	
						E.t.	total have a l	an 01	• 0 Dent II I					
	er total here and on Side 2, Part I, line 1 hedule I Compensation of Offic		actors and	Trustaes		Enter	total here and	011 510	e 2, Part II, li	118 27				
	lame of officer	013, DI	2 SSN or IT		3 Title	>			4 Percent of	ime	5 Compensa	ation	6 Expense account	
									devoted to business		attributabl unrelated l	e to	allowances	
										%				
										%				
										%				
										%				
Tat	al Enter hare and an Cide 9. Dart II. line	14								%				
	al. Enter here and on Side 2, Part II, line hedule J Depreciation (Corpora		nd Associatio	ons only True	ete liee	form	ETB 3885E)							
1 G	aroup and guideline class or escription of property		Date acquired (mm/dd/yyyy)	3 Cost o			4 Depreciation allowed or a in prior years	llowable	5 Method computi deprecia	ng	6 Life or rate		7 Depreciation for this year	
1	Total additional first-year depreciation (do not	include in iter	ms below)										
	Other depreciation:			,										
	Buildings													
	Furniture and fixtures													
	Transportation equipment													
	Machinery and other equipment													
	Other (specify)								_					
	Other depreciation													
	Total													
5	Amount of depreciation claimed elsewh													

6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a

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NoL and Disaster Loss Limitations - Corporation Status Match Lemm 100, Form 1000, Form 1000, get Form 100. Separation number LOD1 MEMORIAL HOSPITAL FOUNDATION, TIC. Interview the corporation incurred in MAD, the corporation as a (t): Separation number Interview the corporation incurred in MAD, the corporation as (t): Separation number Interview the corporation incurred in MAD, the corporation as (t): Separation number Interview the corporation incurred in MAD, the corporation as (t): Separation number Interview the corporation incurred in MAD, the corporation as (t): Separation number Interview the corporation incurred in MAD, the corporation as (t): Separation included in a combined report of a unitary group, see instructions, deneral information C, Combined Reporting. First as a positive number Interview the corporation incurred in MAD, the corporation mame and California corporation number: Separation in Include the interview of the value corporation matter in the corporation number: Interview the corporation interview of the value corporation interview of the form interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by an ebulations included in line 3 Separation interview of the loss incurred by anebulations in	TAXAE	BLE YEAR	Net Operatin	ig Loss (NOL) Co	mputation and			CAL	IFORNIA FORM				
Conservation name LODD MEMORIAL HOSPITAL FOUNDATION, INC. LODD MEMORIAL HOSPITAL FOUNDATION, INC. LODD MEMORIAL HOSPITAL FOUNDATION, INC. LODD ADDATE Comportation incurred the NGL, the corporation vasia (n) Jestimate a combined report of a unitary group, see instructions, deneral information C, Combined Reporting. P4-2719880 The corporation is licited at a combined report of a unitary group, see instructions, deneral information C, Combined Reporting. P4-2719880 The corporation is licited at a combined report of a unitary group, see instructions, deneral information C, Combined Reporting. P4-2719880 The corporation is licited at a combined report of a unitary group, see instructions, deneral information C, Combined Reporting. P4-11 Current year NOL. If the corporation does not have a current year NGL go to P411. 1 Netioss from F00, line 15; form 1000, line 15; form 1000, line 15; or form 109, line 2. Content year NGL. Addin E 2; index and line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 4 a Enter the amount of the loss incurred by a new business included in line 3. 5 a difference - Enter the amount from form 100, line 18; form 1000, line 18; form 1													
LODI MEMORIAL HOSPITAL FOUNDATION, INC. 1007793 During the taxable year the corporation incurred the NDL, the corporation was A(t), with a corporation incurred the NDL, the corporation makes an acceptoration taxe as a corporation in the corporation previously filed California tax returns under another corporate name, enter the corporation name and California tax returns under another corporate name, enter the corporation corporation number: 94-2719880 Part Decorporation previously filed California tax returns under another corporate name, enter the corporation cance and California tax returns under another corporate name, enter the corporation taxes and California tax returns under another corporation taxes and tax returns under another corporation taxes and tax returns under another corporation taxes and tax returns under another corporation tax returns under another tax returns under another tax returns under another corporation tax returns unot tax returns under another corporation tax re	Attach to	Form 100, Form 1	00W, Form 100S,	or Form 109.									
bump the taxable year the comportion locured the NOL. The comportion was any? ♥ □ C comportion ● 24-2719880 ■ S comportion ● 26 Everpt organization ● 1 Limited liability company (electing to be taxed as a corporation 1 94-2719880 He comportion previously field California tax thums under another comports name, and the the comportion name and California comportation number: ■ He comportion is included in a combined report of a unitary group, see instructions. General information C, Combined Reporting. ■ He comportation is included in a combined report of a unitary group, see instructions. General information C, Combined Reporting. ■ He comportation is included in in 1. Ention as a positive number = 2 2021 dissition include in the 1. Ention as a positive number = 2 2021 dissition include in the 1. Ention as a positive number = 2 2021 dissition inclusion dissi neurod by an eligible multiple semilation in a 3 4a	Corporation	name						California corpor	ation number				
Control address and the provide match in the control of the cont													
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3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	2 2021	disaster loss inclu	uded in line 1. Ente	r as a positive number			2						
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2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2													
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00								0					
							2		00				
line 17; or Form 109, line 7	3 Subtr	act line 2 from lin	e 1. Enter the resul	t here and on Form 100, I	ine 19; Form 100W, line	19; Form 100S,							

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STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916 j 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	RF-1 lev. 02/2021) ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry Use Only) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Only) STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section								
LODI MEMORIAL HOSPITAL FOUNDATION, INC. Check if: Name of Organization Change of address									
List all DBAs and names the organization 845 S. FAIRMONT			State Ch	State Charity Registration Number CT 0 4 2 5 0 0					
Address (Number and Street)			Corporat	tion or Organization N	Lo 1007793				
City or Town, State, and ZIP Code									
(209) 339-7833 Telephone Number	E-mail Addres	SS	Federal I	Employer ID No. 94	1-2/19880				
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Depart			7, 311, and 312)				
Total RevenueFeeTotal RevenueFeeTotal RevenueLess than \$50,000\$25Between \$250,001 and \$1 million\$100Between \$20,000,001 and \$100 millionBetween \$50,000 and \$100,000\$50Between \$1,000,001 and \$5 million\$200Between \$100,000,001 and \$500 millionBetween \$100,001 and \$250,000\$75Between \$5,000,001 and \$20 million\$400Greater than \$500 million									
PART A - ACTIVITIES						. ,			
For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list: Total Revenue (including noncash contributions) \$ 1,800,975 Noncash Contributions\$ 13,870 Total Assets \$ 11,967 Program Expenses \$ 740,116 Total Expenses \$ 789,111									
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT									
		f you answer "yes" to any of the que ils for each "yes" response. Please				Yes	No		
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 							x		
2. During this reporting period or funds?									
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? 							x x		
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							x		
5. During this reporting period, did the organization receive any governmental funding?							x		
6. During this reporting period, did the organization hold a raffle for charitable purposes?							x		
7. Does the organization conduct a vehicle donation program?							x		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							x		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							x		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.									
		YNE CRAIG		PRESIDENT					
Signature of Authorized Agent	Pri	inted Name		Title	Date				