# **PUBLIC INSPECTION COPY**

### EXTENDED TO NOVEMBER 15, 2023 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AF	or the	2022 calendar year, or tax year beginning and	ending		
	Check if pplicable	C Name of organization		D Employer identified	cation number
	Addres change				
	Name change	Doing business as		30-01028	42
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	950 THIRD AVENUE		718-784-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	937,142.
	Amend	NEW IORK, NI 10022		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: DEAN I. GRANATIAN		for subordinates	? Yes X No
		SAME AS C ABUVE		H(b) Are all subordinates ir	Included? Yes No
11	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2001	A State of legal domicile: NY
Pa		Summary			
ė		Briefly describe the organization's mission or most significant activities: $\underline{THE}$			
Governance		SUPPORTING ORGANIZATION THAT RAISES FUNDS			
ernä		Check this box if the organization discontinued its operations or dispos	sed of more	I	
Š					13
		Number of independent voting members of the governing body (Part VI, line 1b)		<u>13</u> 3	
ies		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		18	
Activities &		otal number of volunteers (estimate if necessary)		0.	
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year
	8	Contributions and grants (Dart ) (III line 1b)		3,879,990.	901,643.
Ine		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		615.	738.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-14,414.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,880,605.	887,967.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,997,430.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		304,739.	313,912.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	otal fundraising expenses (Part IX, column (D), line 25) 924, 9	60.		
ы	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,716,953.	611,048.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,019,122.	924,960.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		-138,517.	-36,993.
or			Be	ginning of Current Year	End of Year
sets	20	otal assets (Part X, line 16)		1,502,450.	1,260,115.
Net Assets or Fund Balances	21	otal liabilities (Part X, line 26)		1,737,453.	1,541,753.
Float	22 1	let assets or fund balances. Subtract line 21 from line 20		-235,003.	-281,638.
	art II	Signature Block			
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer		Date					
-	SEAN T. GRANAHAN, PRESIDEN	T & GENERAL COUNSEL						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY 1	1/09/23 self-employed P01273422					
Preparer	Firm's name COHNREZNICK LLP		Firm's EIN 22-1478099					
Use Only	Firm's address 1301 AVENUE OF THE	E AMERICAS						
	NEW YORK, NY 10019 Phone no.212-297-0400							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form <b>990</b> (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	THE FLOATING HOSPITAL FOUNDATION, INC. 30-0102842 rt III   Statement of Program Service Accomplishments	Page
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE ORGANIZATION IS A TYPE I SUPPORTING ORGANIZATION THAT RAISES FUND	S
	FOR AND SUPPORTS THE FLOATING HOSPITAL, INC. THE FLOATING HOSPITAL,	
	INC. IS DEDICATED TO PROVIDING CHARITABLE PRIMARY HEALTH CARE SERVICE	S
	TO A LARGELY UNDERSERVED POPULATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
4 -	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) THE ORGANIZATION RAISES MONEY FOR THE BENEFIT OF FLOATING HOSPITAL.	
	THE ORGANIZATION RAISES MONET FOR THE BENEFIT OF FLOATING HOSFITAL.	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
10		
4.4	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4d		
	Total program service expenses	<b>)(</b> ) (20.20

Form 990 (2				FOUNDATION,	INC
Part IV	Checklist of R	equire	d Schedules		

			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	Х	
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			
	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		X
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		X
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? If "Yes," complete			x
~	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
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
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 Form 990 (2022)
 THE FLOATING HOSPITAL FOUNDATION, INC.
 30-0102842
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 Continued)
 Continued
 Continued

			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		X
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	~		x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		X
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%			37
~-	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,			
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		X
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		<u> </u>
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	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?	57		
00		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
00000	(gambling) winnings to prize winners?	1c	X 990	(2022)
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Form	990 (2022) THE FLOATING HOSPITAL FOUNDATION, INC. 30-0102	842	Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		├──
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	ти		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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232005	12-13-22

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Form 9	990 (	(2022)
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#### THE FLOATING HOSPITAL FOUNDATION, INC.

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.

	tion A. Governing Body and Management			V	<b>.</b> .
			13	Yes	<u>  N</u>
та	Enter the number of voting members of the governing body at the end of the tax year	1a			
	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 O.		13		
-	Enter the number of voting members included on line 1a, above, who are independent		<u></u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			v
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?				X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		37	
6	Did the organization have members or stockholders?		6	X	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		. <u>7a</u>	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
	persons other than the governing body?		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b		<u> </u> X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue Code.)			
				Yes	
l0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$		<b>10</b> b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? <b>11</b> a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		. 120	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?				
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NY				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990-T (section 501(	)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,(- <i>)</i> <b>j</b>		
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and fina	ncial	
-	statements available to the public during the tax year.	ponoy			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	GLORIA CARNEY JACKSON - 718-784-2240				
	950 THIRD AVENUE, NEW YORK, NY 10022				

Form 990 (2022)	THE FLOATING	HOSPITAL	FOUNDATION,	INC.	30-0102842	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Scheo	dule O contains a response or	note to any line in th	nis Part VII						
Section A. Officers, Dire	ectors, Trustees, Key Employ	/ees, and Highest (	Compensated Employ	vees					
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 v	/as 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, box 6 of 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)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	laaa	recio	r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	idual 1	Institutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) SEAN T GRANAHAN	5.00									
PRESIDENT/GENERAL COUNCIL	35.00			Х				0.	211,365.	45,294.
(2) ELLEN BARKER	35.00									
OUTGOING EXECUTIVE DIRECTOR				Х				73,616.	0.	0.
(3) ANTHONY BROWNIE	1.00									
TRUSTEE		Х						0.	0.	0.
(4) ASHLEY SANDBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(5) CAROL E. CAMPBELL	1.00									
OUTGOING CHAIR		Х		Х				0.	0.	0.
(6) CAROLYN MALONEY	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CHARLENE PROUNIS	1.00									
TRUSTEE		Х						0.	0.	0.
(8) DOMINICK DELORENZO	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(9) DUGLAS SEIDMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) JANE FRANCISCO	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JOAN C. BRANCACCIO	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) MADELEINE RICHARD	1.00									
SECRETARY		Х		х				0.	0.	0.
(13) MARIANNE ROSENBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(14) MARTIN TUCHMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(15) MAUDE ASKIN	1.00									
TRUSTEE	1.00	х						0.	0.	0.
(16) PAT HAEGELE	1.00	I								•
TRUSTEE		Х						0.	0.	0.
(17) REGINA JASLOW	1.00	I								•
TRUSTEE	1.00	Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

								TION, INC.	30-010	02842	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		· , ,		<u>(F)</u>
(A) Name and title	(B) Average			<b>(C</b> Posi		l		(D) Reportable	<b>(E)</b> Reportable		(F) imated
Name and the	hours per		not cl , unles					compensation	compensation		ount of
	week		cer an					from	from related		other
	(list any	ector						the	organizations	· ·	pensation
	hours for related	or dir	ee			ated		organization	(W-2/1099-MISC		om the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	J J	nization related
	below	Individual trustee or director	Institutional trustee	۲.	Key employee	Highest compensated employee	er	1000 1120)			nizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former				
(18) TANYA D. FISCHE	1.00	37									0
TRUSTEE (19) WALLYE HOLLOWAY	1.00	Х						0.	(	0.	0.
TRUSTEE	1.00	х						0.		<b>b</b> .	0.
				_					`	<u>, , , , , , , , , , , , , , , , , , , </u>	
				_							
1b Subtotal								73,616.	211,365	5. 45	5,294.
c Total from continuation sheets to Part VI								0.		). ]	0.
d Total (add lines 1b and 1c)								73,616.	211,365		5,294.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable	•	-
compensation from the organization											0
											Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	-		•	•	•		Ŭ	• •		3	x
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											
and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	berso	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	•	•							•	nsation fror	n
the organization. Report compensation for t	the calendar ye	ear e	endin	g wi	ith c	or wit	thin		ear.	(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	services	(C) Compen:	
				_							
							$\dashv$				
• Tatal number of industry during the large of the large	a a la calla co la col										
2 Total number of independent contractors (in \$100,000 of compensation from the organized structure)	•	ot lin	niteo	ι το t	thos (		ted	above) who received me	bre than		
										Eorm 0	<b>990</b> (2022)

232008 12-13-22

Form **990** (2022)

Check if Schedule O contains a response or note to any line in the Per VIII.         (A)           (A)         (C)         (C) <th (c)<="" colspan="2" t<="" th=""><th></th><th></th><th>(2022) THE FLOATING</th><th>HOSPITAL</th><th>FOUNDATION</th><th>N, INC.</th><th>30-0102</th><th>842 Page 9</th></th>	<th></th> <th></th> <th>(2022) THE FLOATING</th> <th>HOSPITAL</th> <th>FOUNDATION</th> <th>N, INC.</th> <th>30-0102</th> <th>842 Page 9</th>				(2022) THE FLOATING	HOSPITAL	FOUNDATION	N, INC.	30-0102	842 Page 9
Interface         Interface <thinterface< th=""> <thinterface< th=""> <thi< td=""><td>Pa</td><td>rt VI</td><td></td><td></td><td></td><td></td><td></td><td></td></thi<></thinterface<></thinterface<>	Pa	rt VI								
Total revenue         Petities do revenue         Dimetities Revenue			Check if Schedule O contains a response	or note to any lin		(B)	(C)	[]		
and Built Built Control         and Built Buil						Related or exempt	Unrelated	Revenue excluded		
Bornelsening oversite         To         To         To           Belated organizations         To         To         To         To         To           Belated organizations         To         To         To         To         To         To           Belates         Co         States         States         States         To						function revenue	business revenue			
Bornelsening oversite         To         To         To           Belated organizations         To         To         To         To         To           Belated organizations         To         To         To         To         To         To           Belates         Co         States         States         States         To	ស្ត	1 a	a Federated campaigns 1a							
Business Code         Business Code           2 a	ran	k								
Business Code         Business Code           2 a	Amo Amo	c		111,227.						
Business Code         Business Code           2 a	Sifts ar /	c								
Business Code         Business Code           2 a	is, ( imil	e	Bovernment grants (contributions)							
Business Code         Business Code           2 a	er S	f								
Business Code         Business Code           2 a	Dthe									
Business Code         Business Code           2 a	onti nd (	ç			001 643					
g         2 a	<u>a</u> C	r	1 Total. Add lines 1a-11		901,043.					
99       90 <td< td=""><td>•</td><td>0.0</td><td></td><td>Busiliess Code</td><td></td><td></td><td></td><td></td></td<>	•	0.0		Busiliess Code						
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Instruction         Image: Control of the second secon	Ser									
Instruction         Image: Control of the second secon	am	c								
Instruction         Image: Control of the second secon	ogr Be	e								
3         investment income (including dividends, interest, and other similar amounts)         738.         738.           4         income from investment of tax-exempt bond proceeds         738.         738.           5         Royalties         0) Real         0) Personal         0           6         a Gross rents         6a         0         0           b         Less: rental expenses         6b         0         0           c         Rental income or (loss)         0         0         0           d         Net rental income or (loss)         0         0         0           b         Less: cost of other basis and sales expenses         7a         7a         7a         7a           c         Gain or (loss)         7a         7a         7a         7a         7a           d         Net gain or (loss)         7a         7a         7a         7a           d         Net gain or (loss)         7a         7a         7a         7a           d         Net gain or (loss)         7a         7a         7a         7a           d         Net gain or (loss)         111, 227. or constributions reported on line 1c). See Part IV, line 18         Ba         33, 060.         9a	Ā	f	All other program service revenue							
other similar amounts)       738.       738.         4       income from investment of tax-exempt bond proceeds       738.       738.         6       a cross rents       6a       0       0         6       a cross rents       6a       0       0         7       a cross rents       6a       0       0         7       a cross rents       6a       0       0         7       a cross rents       6a       0       0         8       a cross amount from sales of a cross amount from sales of a cross amount from sales of a cross crost or other basis and sales expenses       0       0         8       a cross income from fundralsing events (rot including 3		ç								
4         Income from investment of tax-exempt bond proceeds           5         Royatties		3		est, and	620					
S         Royatties         (i) Real         (ii) Personal           Ga         Gross rents         Ga         Ga         Ga         Ga           B         Less: rental expenses         Ga         Ga         Ga         Ga           G         Rental income or (loss)         Ga         Ga         Ga         Ga           C         Rental income or (loss)         (i) Securities         (ii) Other         Ga         Ga           T a         (i) Securities         (ii) Other         Ga         Ga         Ga         Ga           B         Gross mount from sales of assets obtri than inventory b         Less: cost or other basis and sales expenses         Tob         Tob         Ga         Ga         Ga         Ga           C         Gain or (loss)         Tot         Tob         Ga         Ga         Ga         Ga         Ga         Ga           B a         Gross income from fundraising events         Tot			,		/38.			/38.		
Ga         Gross rents         Ga           b         Less: rental expenses         Ga           c         Rental income or (loss)         Ga           d         Net rental income or (loss)         Ga           assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales of assets other than inventory         Image: Cost and the from sales other than inventory         Image: Cost and the from sales other than inventory         Image: Cost and the from sales other than inventory         Image: Cost and the from the from sales o										
6 a Gross rents         6a           b Less: rental expenses         6b           c Rental income or (loss)         6c           d Net rental income or (loss)         6c           7 a Gross amount from sales of assets of the than inventory         7a           b Less: cost or flore basis and sales expenses         7b           c Gain or (loss)         7c           d Net set: cost or flore basis and sales expenses         7b           c Gain or (loss)         7c           d Net fictions reported on line 1c). See         8a         33,060.           Ba Gross income from fundraising events        16,115.        16,115.           d Net income or (loss) from gaming activities. See         9a         9b         9b           d Ses: cost of goods sold         10a         Gross income from gaming activities         9a         9b         9b           d Net income or (loss) from sales of inventory         9a         9b         9b         9b         9b           d All other revenue         90         90         90         90         90         90		5	Royalties							
b         Less: rental expenses         Bb         Bc           c         Rental income or (loss)         Gc         Image: Comparison of		6 -								
e         Rental income or (loss)         Bc         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of assets other than inventory         Image: constraint from sales of inventory         Image: conse from sales of inventory										
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       (i) Securities       (ii) Other         a Gross icos or other basis and sales expenses       7b										
assets other than inventory       7a       7a         b Less: cost or other basis and sales expenses       7b       7c         c Gain or (loss)       7c       7c         d Net gain or (loss)       7c       7c         a Gross income from fundraising events (not including \$111, 227. or contributions reported on line 1c). See Part IV, line 18       as a 33,060.         b Less: direct expenses       ab 49,175.       -16,115.         c Net income or (loss) from fundraising events       -16,115.         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       00a         10 a Gross sales of inventory, less returns and allowances       100a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       00a         11 a		c	Net rental income or (loss)							
B       Less: cost or other basis and sales expenses       7b       7b         c       Gain or (loss)       7c		7 a	a Gross amount from sales of (i) Securities	(ii) Other						
and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         d       Set gain or (loss)       Tc         d       Net gain or (loss)       Tc         d       Net gain or (loss)       Tc         oc contributions reported on line 1c). See       Ba       33,060.         pattern       Bu 49,175.       Tc         e       Net income or (loss) from fundraising events       -16,115.         9       Gross income from gaming activities. See       Pat         pat       Pb       Set or (loss) from gaming activities         10       Gross sales of inventory, less returns       Toa         and allowances       Toa       Toa         b       Less: cost of goods sold       Tob         c       Medianess Code       Tob         d       All other revenue       900099 <td></td> <td></td> <td>assets other than inventory <b>7a</b></td> <td></td> <td></td> <td></td> <td></td> <td></td>			assets other than inventory <b>7a</b>							
c         Gain or (loss)         7c           d         Net gain or (loss)         7c           d         Net gain or (loss)		k								
d       Net gain or (loss)	nue									
8 a Gross income from fundraising events (not including \$111,227.ord) contributions reported on line 1c). See Part IV, line 18       8 a 33,060.         b Less: direct expenses       8 b 49,175.         c Net income or (loss) from fundraising events       -16,115.         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         c Net income or (loss) from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       -16,115.         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       Business Code         d All other revenue       900099         e Total. Add lines 11a-11d       1,701.         12       Total revenue. See instructions       887,967.       0.       0.	രി									
contributions reported on line 1c). See Part IV, line 18         Ba         33,060. Bb         Part IV, line 18           b         Less: direct expenses         Bb         49,175.         -16,115.         -16,115.           9 a         Gross income from gaming activities. See Part IV, line 19         9a         9b         -16,115.         -16,115.           9 a         Gross sincome from gaming activities. See Part IV, line 19         9a         9b         -16,115.         -16,115.           10 a         Gross sales of inventory, less returns and allowances         10a         -10a         -10a         -10a           10 a         Gross sales of inventory, less returns and allowances         10a         -10a         -10a         -10a           10 a         Less: cost of goods sold         10b         -10a         -10a         -10a           c         Net income or (loss) from sales of inventory         -10a         -10a         -10a         -10a           c	ar B									
contributions reported on line 1c). See Part IV, line 18         Ba         33,060. Bb         Part IV, line 18           b         Less: direct expenses         Bb         49,175.         -16,115.         -16,115.           9 a         Gross income from gaming activities. See Part IV, line 19         9a         9b         -16,115.         -16,115.           9 a         Gross sincome from gaming activities. See Part IV, line 19         9a         9b         -16,115.         -16,115.           10 a         Gross sales of inventory, less returns and allowances         10a         -10a         -10a         -10a           10 a         Gross sales of inventory, less returns and allowances         10a         -10a         -10a         -10a           10 a         Less: cost of goods sold         10b         -10a         -10a         -10a           c         Net income or (loss) from sales of inventory         -10a         -10a         -10a         -10a           c	Othe	0 0								
Part IV, line 18       8a       33,060.         b       Less: direct expenses       8b       49,175.         c       Net income or (loss) from fundraising events       -16,115.       -16,115.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -16,115.         b       Less: direct expenses       9b       -16,115.       -16,115.         c       Net income or (loss) from gaming activities       9a       -16,115.       -16,115.         10 a       Gross sales of inventory, less returns and allowances       10a	0									
b         Less: direct expenses         Bb         49,175.           c         Net income or (loss) from fundraising events         -16,115.         -16,115.           9 a         Gross income from gaming activities. See Part IV, line 19         9a         9a           b         Less: direct expenses         9b         0           c         Net income or (loss) from gaming activities         0         0           10 a         Gross sales of inventory, less returns and allowances         10a         0         0           b         Less: cost of goods sold         10b         0         0         0           c         Net income or (loss) from sales of inventory         Business Code         0         0           b				33,060.						
9 a Gross income from gaming activities. See       9a       9a         9 b Less: direct expenses       9b       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         generation       10a         b Less: cost of goods sold       10b         c All other revenue       900099         e Total. Add lines 11a-11d       1,701.         12 Total revenue. See instructions       887,967.       0.		k								
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   source Business Code   c Indext   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		c	> Net income or (loss) from fundraising events		-16,115.			-16,115.		
b       Less: direct expenses       9b       Image: Second seco		9 a								
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Business Code   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions										
10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       0b         c Net income or (loss) from sales of inventory       0       0         11 a b c c       Business Code       0         11 a b c       900099       1,701.         12 Total revenue. See instructions       887,967.       0.       0.										
and allowances       10a         b       Less: cost of goods sold         c       10b         c       Net income or (loss) from sales of inventory         11 a       Business Code         b				·····						
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Business Code         Image: Colored c		L F								
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e Total. Add lines 11a-11d         1,701.           12 Total revenue. See instructions         887,967.         0.         0.         -13,676.										
e Total. Add lines 11a-11d         1,701.           12 Total revenue. See instructions         887,967.         0.         0.         -13,676.	sno	11 a	a							
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	_	e					0	12 676		
					00/,90/.	<u> </u>	U .	Form <b>990</b> (2022)		

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	Check if Schedule O contains a respons		<u>his Part IX</u> (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,616.			73,616
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 005			4 = 2 - 2 - 2
7	Other salaries and wages	153,237.			153,237
8	Pension plan accruals and contributions (include	F 000			
	section 401(k) and 403(b) employer contributions)	5,898.			5,898 73,494 7,667
9	Other employee benefits	73,494.			73,494
10	Payroll taxes	7,667.			7,667
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g		<u> </u>			<u> </u>
	column (A), amount, list line 11g expenses on Sch 0.)	63,968.			63,968
12	Advertising and promotion	4,600.			63,968 4,600 33,231
13	Office expenses	33,231.			33,231
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2.064			
19	Conferences, conventions, and meetings	3,064.		<b>├</b> ──── <b>│</b>	3,064
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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.)	200 700			200 700
a		398,782.		<u> </u>	398,782
b		90,322.		<u> </u>	90,322
c		15,080.		<u> </u>	15,080
d	DUES & SUBSCRI[TION	2,001.			2,001
	All other expenses	024.060	^		0.04.000
25	Total functional expenses. Add lines 1 through 24e	924,960.	0.	0.	924,960
26	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)			1	Eorm <b>990</b> (20)

THE FLOATING HOSPITAL FOUNDATION, INC.

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

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Form 990 (2022)

30-0102842 Page 10

2022.05000 THE FLOATING HOSPITAL FOU 01578841

Form 990 (2022)

Part X Balance Sheet

	ιx						
		Check if Schedule O contains a response or no	te to an	/ line in this Part X		 	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			37,577.	1	30,593.
	2	Savings and temporary cash investments			16,655.	2	13,577.
	3	Pledges and grants receivable, net			1,054,043.	3	821,458.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			15,800.	9	15,800.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	15,286.			
	b			5,222.	10,064.	10c	10,064.
	11	Investments - publicly traded securities			48,050.	11	48,362.
	12	Investments - other securities. See Part IV, line			320,261.	12	320,261.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,502,450.	16	1,260,115.
	17	Accounts payable and accrued expenses			261,234.	17	47,726.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
itie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	ayables <sup>-</sup>	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			1,476,219.	25	
	26	Total liabilities. Add lines 17 through 25			1,737,453.	26	1,541,753.
		Organizations that follow FASB ASC 958, che	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			-1,392,175.	27	-574,944.
Ba	28	Net assets with donor restrictions		<u></u>	1,157,172.	28	293,306.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in		·····		31	
Net	32	Total net assets or fund balances			-235,003.	32	-281,638.
	33	Total liabilities and net assets/fund balances			1,502,450.	33	1,260,115.

Form **990** (2022)

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Form	1990 (2022) THE FLOATING HOSPITAL FOUNDATION, INC.	30-	0102842	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	887		
2	Total expenses (must equal Part IX, column (A), line 25)	2	924		
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-235		
5	Net unrealized gains (losses) on investments	5	- 9	),6	42.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-281	.,6	<u>38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi <sup>,</sup>	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

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SCHED	DULE A		Dublic Cha	rity Status an		lia Ci	unnart		OMB No. 1545-0047
(Form 99	90)			rity Status an					2022
			• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		2022
Department o				ttach to Form 990 or Fo					Open to Public
Internal Rever			Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name of t	the organizati								identification number
Part I	Reason	THE for Public (	Charity Status	OSPITAL FOUNI (All organizations must c		$\mathbf{N}$ , $\mathbf{L}\mathbf{N}\mathbf{C}$		3	0-0102842
								15.	
Ē.		•		For lines 1 through 12, cl		,	I)/ A)/:)		
1				n of churches described		)(מ)סיד ח	I)(A)(I).		
3				Attach Schedule E (Form anization described in <b>se</b>		/b//1////ii	::)		
4	•	•		njunction with a hospital			•	)(iii) Enter	the hospital's name
•	city, and state	-		juniolion mar a noopitar	accombed	00010			the neopital o name,
5	An organizati	nit describe	ed in						
	section 170								
6	A federal, sta								
7			U U	ntial part of its support fr			.,	ne general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)		-				
8	A community	trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:								
10				than 33 1/3% of its supp					
	activities relation	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fi	om gross investment
	income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	-	-	-	vely to test for public saf	•				
12 X	-	-	-	vely for the benefit of, to	-			•	-
			-	d in section 509(a)(1) o					Check the box on
77	-	•	• •	f supporting organization	-			-	
a X				upervised, or controlled I	• • • •	-			
		0		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
ь Г	¬ -		complete Part IV, Se					n (n) hu hau	
b			-	or controlled in connect			-		-
		-		anization vested in the sa	ame persoi	ns that col	ntrol or mana	ge the supp	οστεα
•		( )	t complete Part IV,	g organization operated i	in connoct	ion with a	and functional	lly integrate	d with
с 🗌		-	• • • •	). You must complete F				iy integrate	u with,
d	- ··	•	.,.	orting organization oper			-	ted organiz	ration(s)
u		-	• •	ation generally must sati				•	( )
		,	0 0	nplete Part IV, Sections	,				
е	7			written determination from				II. Type III	
		•		nally integrated supportir			<b>31</b> / <b>31</b>	<i>,</i> <b>,</b>	
f Ente	er the number	-							1
g Prov	g Provide the following information about the supported organization(s).								
	i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	,	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
	LOATING								
HOSPI	TAL, IN	С.	13-1624169	7	X			0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Total

0.

0.

Schedule A	A (Form 990) 2022	THE	FLOATING	HOSPITAL	FOUNDATION,	INC.	30-0102842	Page <b>2</b>
Part II	Support Schedule for	or Org	anizations De	scribed in Sec	ctions 170(b)(1)(A)(	iv) and <sup>.</sup>	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.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
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										
4	Total. Add lines 1 through 3										
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)										
6	Public support. Subtract line 5 from line 4.										
Sec	tion B. Total Support				_	_	_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
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										
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)					
	organization, check this box and stop										
Sec	tion C. Computation of Publi	ic Support Per	rcentage								
	Public support percentage for 2022 (I		•	(77		14	%				
	Public support percentage from 2021					15	%				
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2021. If the o										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test	: - 2022. If the orc	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,				
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances te	•	•		•						
b	10% -facts-and-circumstances test						10% or				
	more, and if the organization meets the										
	organization meets the facts-and-circu		•								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a						
						Schedule A	(Form 990) 2022				

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				FOUNDATION,	INC.	30-0102842	Page 3
Part III Support Schedule fo	r Orga	inizations Des	cribed in Sect	tion 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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 the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	<b>33 1/3% support tests - 2022.</b> If the					3 1/3%, and l	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22		·				ule A (Form 990) 2022
			16				

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 disqualified 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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17

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5c

6

7

8

9a

9b

9c

10a

No

Х

х

Х

Х

х

Х

Х

х

Х

х

Х

# Schedule A (Form 990) 2022 THE FLOATING HOSPITAL FOUNDATION, INC. 30-0102842 Page 5

			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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	id the governing body, members of the governing body, officers acting in their official capacity, or membership of one or ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, rectors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> fectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ganization, 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.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			

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 <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1

Section D. All Type III 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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.*232025 12-09-22

Yes No 2a ... 2b ... 3a ... 3b ...

Yes No

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 THE FLOATING HOSPITAL			30-0102842 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting of	organization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

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THE FLOATING HOSPITAL FOUNDATION, INC. 30-01	02842
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_		HOSPITAL FOUNDA		3	0-0102842 Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions			Current Year	
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	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			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 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) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI	Form 990) 2022         THE FLOATING HOSPITAL FOUNDATION, INC.         30-0102842         Page           Supplemental Information.         Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;         Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 30, 3c, 40, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
32028 12-09-2	2 Schedule A (Form 990) 20 21

SCHEDULE I	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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232051 09-01-22

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

\_\_\_\_

---- Employer identification number 0100040

Part II       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compete if the organization answered 'Ye' or Form 900, Part IV, line 8.         4       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         5       Aggregate value of constructions to (during year)	-		AL FOUNDATION, INC.	30-0102842
1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (b) Funds and other accounts         3       Aggregate value of contributions to (during year)       (c) Funds and other accounts         4       Aggregate value of contributions to (during year)       (c) Funds and other accounts         5       Did the organization inform all donors and donor advisors in writing that grant funds can be used only (or charible purposes and not or the benefit of the donor or donor advisor, or for any other purposes conterring importantial and area (c) Preservation of and for public use (for example, recreation or education)       Preservation of a contribution that area (c) Preservation of a contribution in the form of a conservation easements held by the organization (heck all that apply).         1       Preservation of alor top public use (for example, recreation or education)       Preservation of a conservation easements (not due to erganization heck all that apply).         2       Composite inso 2 at mrough 2 dil the organization heid a qualified conservation casements (not due to a part lunds can be used only 2 ad all the End of the Tax Year (a trait year))         4       Total Interport of conservation easements (not due to (c) acquired atter July 25.2006, and not on a nisticric structure listed by conservation easements (not due to a July 25.2006, and not on a nisticric structure listed of the trait year.         <	Pa			or Accounts. Complete if the
1       Total number at end of year		organization answered "Yes" on Form 990, Part IV, line	эб.	1
2         Aggregate value of contributions to (during year)		-	(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year)	1	Total number at end of year		
Aggregate value at end of year     Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor of once advisor, or for any other purpose conferring     mpermissible private benefit?     Purpose(s) of conservation essements held by the organization (check all that appy).     Preservation of a historically important land area     Protection of national habitat     Protection of autional habitat     Preservation of open space     Complete interes 2 attrough 2 will the organization (check all that appy).     Tortext and the organization interes and the asset held in the form of a conservation easement on the last     day of the tax year.     Total anceage restricted by conservation easements     Total number of conservation easements     Total number of conservation easements included in (a) caquid after July 25,2006, and not on a     historic structure listed in the National Register     Number of conservation easements included in (a) caquid after July 25,2006, and not on a     historic structure listed in the National Register     Number of conservation easements with pelocity regarding the precision instructing conservation easements with pelocity regarding the precision instructing inspection, handling of     violations, and enforcement of the conservation easements in located     So bes the organization have a written policy regarding the precision instruction (a) enderived after July 25,2006, and not on     historic structure lister of the conservation easements included in (a)     Does the organization have a written policy regarding the precision innotroin, inspection, handling of     violations, and enforcement of the conservation easements in located     Does the organization have a written policy regarding the precision innotroin, inspection, handling of     violatio	2	Aggregate value of contributions to (during year)		
5       Did the organization inform all donor advisor in writing that the assets held in donor advised funds	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization sexclusive legal control?       Yes       No         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring importing the protein seaments. Complete if the organization (check all that apply).       No         1       Purpose(s) of conservation easements. Complete if the organization (check all that apply).       Preservation of a historically important land area Protection of natural habitat       Preservation of a biotorically important land area         2       Complete lines 2 at through 20 if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year.       Important land area         3       Total number of conservation easements       Za         4       Number of conservation easements included in (c) acquired after July 25,2000, and not on a       Za         3       Number of conservation easements included in (c) acquired after July 25,2000, and not on a       Za         4       Number of states where property subject to conservation easements included area       Yee       No         4       Staff and volunteer hours a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enf	4	Aggregate value at end of year		
	5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🗌 No
Impermissible priste benefit?         Yes         No.           Part II         Conservation Easements. Complete if the organization answered "Yes' on Form Salo, Part IV, Ine 7.         Impermissible priste benefit?           Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)         Preservation of a check and the apply.           Preservation of open space         Preservation of open space         Preservation of open space           2         Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last         Za           a Total number of conservation easements         Za         Za           0         Total accessor easements included in (c) acquired after July 25,2006, and not on a         Listoric structure listori intructure listori inthe Na	6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	e used only
Part III       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of Conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         Protection of natural habitat       Preservation of a listorically important land area       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation conservation easement on the last day of the tax year.       Itel a dat the End of the Tax Year         a       Total number of conservation easements       Za         4       Total number of conservation easements       Za         0       Number of conservation easements included in (a) exploit and the property subject to conservation easements included in (a) exploit and the organization during the tax year       Za         3       Number of states where property subject to conservation easements included in (a) exploit conservation easements during the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         8       Does the conservation easement reports conservation easements in its reverue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organizations were devices the organizations were devices on Form 590, Part IV, line 8.		for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a hot for public use (for example, recreation or education)       Preservation of a certified historic structure         2       Preservation of open space       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total number of conservation easements       2a         b       Total arcegar estricted by conservation easements       2a         c       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listoric		impermissible private benefit?		
Preservation of land for public use (for example, recreation or education)      Preservation of a historically important land area      Preservation of an atural habitat      Preservation of a certified historic structure      Aunoper of conservation easements      Total areage restricted by the organization during the tax     year      Number of states where property subject to conservation easement is located      Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year      Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements     under the organization reports conservation easements in its revenue and expense statement and     balance sheet, and include, if applicable, the text of the footnote to the organization's function's	Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.
Preservation of actural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Complete lines 2a through 2 df the organization held a qualified conservation contribution in the form of a conservation easements day of the tax year. Total arcsage restricted by conservation easements Distal arcsage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2b 2c 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, hor to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public	1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
Preservation of open space         2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization further tax year (states where property subject to conservation easement is located (states and indicate the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization function state where property subject to conservation easements in its revenue and expense statement and balance sheet works of art, historical Treasures, or Other Similar Assets.         7 Amount of expenses incurred in monitoring, inspection of Art, Historical Treasures, or Other Similar Assets.         8 Does each		Preservation of land for public use (for example, recreation	ion or education) 🛛 🗌 Preservation c	of a historically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   a Total number of conservation easements Held at the End of the Tax Year   b Total acreage restricted by conservation easements 2a   c Number of conservation easements on a certified historic structure included in (a) 2a   d Number of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, Inspecting, handling of violations, and enforcing conservation easements during the year   8 Does each conservation easements. (b te otor the to the torganization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to the organization reserved.   9 In Part XIII, describe how the organization answered 'Yes' on Form 990, Part IV,		Protection of natural habitat	Preservation of	of a certified historic structure
day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       2a         b Total acceage restricted by conservation easements       2b         c Number of conservation easements in cluded in (c) acquired after July 25,2006, and not on a historic structure listed in the National Flegister       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4 Number of states where property subject to conservation easement is located		Preservation of open space		
a Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2b   c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d   4 Number of states where property subject to conservation easement is located	2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		day of the tax year.		Held at the End of the Tax Year
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements included in (a) cayuired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	а	Total number of conservation easements		2a
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	b			
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	с	Number of conservation easements on a certified historic stru	cture included in (a)	2c
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>	d			
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>		historic structure listed in the National Register	-	2d
<ul> <li>year</li> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization saccounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, no report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the ext of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the ext of the foot</li></ul>	3			
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items:</li> <li>ii) Assets included</li></ul>				
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a Revenue included on Form 990, Part VIII, line 1         \$           b Assets included in Form 990, Part X         \$	-			
b Assets included in Form 990, Part X \$	я		-	\$

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	dule D (Form 990) 2022 THE FLO	ATING HOSP: collections of Ar						010284 ets (cor		Page <b>2</b>
									<u>unuea</u> ,	)
3	Using the organization's acquisition, accessi	on, and other record	s, cneci	k any of the	following that	make sigi	nificant use of	its		
	collection items (check all that apply):		. —							
a	Public exhibition	d			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							art XIII.		
5	During the year, did the organization solicit of								_	_
Dee	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatic	on answered '	'Yes" on F	orm 990, Part	IV, line 9,	Sr	
<b>1</b> a	Is the organization an agent, trustee, custod									_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:			[]			
								Amou	Int	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liability	/?	Yes	Ľ	No
	If "Yes," explain the arrangement in Part XIII.								<u> L</u>	
Par	<b>t V</b> Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) l	Prior year	(c) Two yea	rs back (e	<b>d)</b> Three years ba	ack <b>(e)</b> Fo	our year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1	g, column (a	)) held as:					
а	Board designated or quasi-endowment	-	%	-						
	Permanent endowment	%	_							
		%								
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.								
3a	Are there endowment funds not in the posse	•	ation tha	at are held ar	nd administer	ed for the				
	organization by:	j							Yes	No
	(i) Unrelated organizations							3a(i	a	
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm	ŭ	WINCILL							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990	, Part X, lii	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Aco	cumulated	(d) Bo	ook val	ue
		basis (investr			(other)	• •	reciation	( )		
<b>1</b> a	Land									
	Buildings			1						
	Leasehold improvements									
	Equipment			1	5,286.		5,222.		10.0	064.
	Other			<u> </u>			-,		/ C	
	Add lines 1a through 1e. (Column (d) must e		Vark	nn (B) line 1	(n)				10 0	064.
TUL	. Aud nines ta uniough te. (Column (a) must e	<u>qual Form 990, Part</u>	∧, colur	<u>u(i (¤), iine 1</u>	<u>UC.)</u>			lule D (Fo	-	
							Schet			, 2022

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other	320,261.	COCH	
(A) TFH SERVICES LLC	320,201.	COST	
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	320,261.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 990, Part IV, line <sup>-</sup> Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.			
Complete if the organization answered "Yes" of <b>(a)</b> Description of liability	n Form 990, Part IV, Ilhe	11e of 111. See Form 990, Part X, line 25	b. (b) Book value
(1) Federal income taxes (2) DUE TO AFFILIATE			1,494,027
			<u> </u>
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line	25)		1,494,027
<ul> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ul>			
organization's liability for uncertain tax positions under			

THE FLOATING HOSPITAL FOUNDATION, INC.

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

_	edule D (Form 990) 2022 THE FLOATING HOSPITAL FOUN				0102842 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per Re	turn.	
	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	31,216,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-9,642.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	30,289,150.		
е	Add lines 2a through 2d			2e	30,279,508.
3	Subtract line <b>2e</b> from line <b>1</b>			3	937,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-49,175.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-49,175.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	887,967.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F	Retur	n.
Pa 1	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	ith Expenses per F	Retur	n.
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents W 	ith Expenses per F	Retur	n.
<b>Pa</b> 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents W 	ith Expenses per F	Retur	n. 31,727,483.
Pa 1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per F	Retur	n. 31,727,483.
Pa 1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per F	letur	n.
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per F	1 2e	n. 31,727,483.
Pa 1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per F	1 2e	n. 31,727,483.
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d	ith Expenses per F	1 2e	n. 31,727,483.
Pa 1 2 a b c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F	1 2e	n. 31,727,483. 30,802,523. 924,960. 0.
Pa           1           2           a           b           c           d           a           b           c           d           b           c           3           4           b           c           5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F	1 2e 3	n. 31,727,483. 30,802,523. 924,960.

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.

#### PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022 AND 2021, THERE ARE NO
UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED
FINANCIAL STATEMENTS. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES
OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW
AUTHORITATIVE RULINGS. THE ORGANIZATION'S TAX RETURNS PRIOR TO FISCAL YEAR
2019 ARE CLOSED.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### RELATED ORGANIZATION REVENUE

10341111 147227 0157884-0158474.0990

30,289,150.

232054 09-01-22

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING REVENUE	-49,175.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ORGANIZATION EXPENSES	30,753,348.
FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING REVENUE	49,175.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	30,802,523.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	r if the	2022		
Department of the Treasury		Attach to Form 990 o						Open to Public		
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information		Employer id	Inspection r identification number		
Name of the organization		ATING HOSPITAL FOU	NDA		N. INC.		30-010			
Part I Fundrais		Complete if the organization answe								
· · ·	complete this part									
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	ions email solicitations tations licitations		ion of ion of fundra	non-g gover iising (	overnment grants nment grants events	tees, c	or			
key employees list	ed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?		Ye	es 🗌 No		
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua organization.	ant to	agreer	ments under which th	ne func	draiser is to b	De		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contribu	aiser ustody itrol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
Total	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is o	compt from r			
or licensing.	on the organizatio				or has been notified	11 13 67				

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

Schedule G (Form 990) 2022

232081 10-27-22

36 10341111 147227 0157884-0158474.0990 2022.05000 THE FLOATING HOSPITAL FOU 01578841

#### THE FLOATING HOSPITAL FOUNDATION, INC. 30-0102842 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.

				· · · · · · · · · · · · · · · · · · ·	<u> </u>	s greater than \$5,000.
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BENEFIT (event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue	1	Gross receipts	144,287.			144,287
	2	Less: Contributions	111,227.			111,227
╡	3	Gross income (line 1 minus line 2)	33,060.			33,060
	4	Cash prizes				
s	5	Noncash prizes				
Expenses	6	Rent/facility costs	45,925.			45,925
	7	Food and beverages				
	8 9	Entertainment Other direct expenses				3,250
	9 10	Direct expense summary. Add lines 4 through				49,175
	11	Net income summary. Subtract line 10 from I				-16,115
	rt I			990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Hevenue	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
nrect	4	Rent/facility costs				
	5	Other direct expenses				
T			<b>Yes</b> %	<b>Yes</b> %	Yes %	
	6			No	No	
- I		Volunteer labor	No No			
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)			
а	<b>8</b> Ent	Direct expense summary. Add lines 2 throug	n 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?		
a b a	8 Ent Is ti If "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu- he organization licensed to conduct gaming a	n 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y	ear?	YesN
a b a	8 Ent Is ti If "I	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> er the state(s) in which the organization condu- he organization licensed to conduct gaming and No," explain:	n 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y	ear?	Yes N

12	Does the organization conduct gaming activities with nonmembers?	-   Ne
	Does the organization conduct gaming activities with nonmembers? <b>Yes</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	N
	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	
	An outside facility 13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	N
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	
	of gaming revenue retained by the third party \$	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
	Mandatory distributions:	
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	N
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	N(
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	N(
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	<b>N</b> o 10b,
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	
a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	

Schedule G	(Form 990) Supplemental In	THE formation	FLOATING	HOSPITAL	FOUNDATION,	INC.	30-0102842	Page <b>4</b>
							Schedule G (F	orm 990)
232084 04-01-2	2			39				

SCHE	DULE J	Compensation Information		OMB No. 1	545-004	47
(Form	990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ	)
	-	Compensated Employees		20	22	
Department	t of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	venue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
Name of	f the organization			identificatio		nber
		THE FLOATING HOSPITAL FOUNDATION, INC.	30-0	010284	2	
Part I	Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Par	- · ·	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
	7	ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffeu	ir, chei)			
<b>b</b> If a	ny of the boyce	on line to are checked, did the preprization follow a written policy recording powerst or				
	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
		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		
true	stees, and onice					
3 Ind	icate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	] Compensation					
	- ·	ompensation consultant Compensation survey or study				
	7	ther organizations Approval by the board or compensation c	ommittee			
4 Dur	ring the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
org	anization or a re	lated organization:				
a Rec	ceive a severanc	e payment or change-of-control payment?		4a		X
<b>b</b> Par	ticipate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
<b>c</b> Par	ticipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
lf "`	Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	ntingent on the r					37
						X
		ation?		5b		X
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	ntingent on the n	-				v
						X X
		ation?		<u>6b</u>		
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		x
		id the organization also follow the rebuttable presumption procedure described in		····· 0		
	gulations section			9		
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2022
			Schet		. 550)	

232111 10-18-22

#### 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEAN T GRANAHAN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/GENERAL COUNCIL	(ii)	211,365.	0.	0.	8,767.	36,527.	256,659.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)	_						
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

<u>Schedule</u> .	J (Form §	990) 202	2

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) 2022

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(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection							
Employer identification number								
3	0-0102842							

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#### THE FLOATING HOSPITAL FOUNDATION, INC.

(a)       (b)       (c)       (d)         Check if applicable       Number of contributions or items contributed       Noncash contribution amounts reported on Form 990, Part VIII, line 1g       Method of determinin noncash contribution amounts noncash contribution amounts         1       Art - Works of art	
1 Art - Works of art	
2 Art - Historical treasures	
3 Art - Fractional interests	
4 Books and publications	
5 Clothing and household goods X 392,133. EVALUTE ITEM CO	ST ON
6 Cars and other vehicles	
7 Boats and planes	
8 Intellectual property	
9 Securities - Publicly traded	
10 Securities - Closely held stock	
11 Securities - Partnership, LLC, or	
trust interests	
12 Securities - Miscellaneous	
13 Qualified conservation contribution -	
Historic structures	
14 Qualified conservation contribution - Other	
15 Real estate - Residential	
16 Real estate - Commercial	
17 Real estate - Other	
18 Collectibles	
19 Food inventory	
20 Drugs and medical supplies	
21         Taxidermy	
22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other (TOYS) X 7 7,021. EVALUTE ITEM CO	ST ON
<b>26</b> Other ( )	<u> </u>
27 Other ( )	
<b>28</b> Other ( )	
29 Number of Forms 8283 received by the organization during the tax year for contributions	
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29	
	'es No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for	
	x
b If "Yes," describe the arrangement in Part II.	
24 Depending a contraction have a crift accontance policy that requires the review of any ponetandard contributions?	x
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	x
contributions?	
<b>b</b> If "Yes," describe in Part II.	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022	THE	FLOATING	HOSPITAL	FOUNDATION,	INC.	30-0102842	Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

#### COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

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(Form	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

# 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.



30-0102842

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FLOATING HOSPITAL FOUNDATION

FLOATING HOSPITAL, INC. THE FLOATING HOSPITAL, INC. IS DEDICATED TO

PROVIDING CHARITABLE PRIMARY HEALTH CARE SERVICES TO A LARGELY

UNDERSERVED POPULATION.

FORM 990, PART VI, SECTION A, LINE 6:

THE FLOATING HOSPITAL INC. IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

FLOATING HOSPITAL AS THE SOLE MEMBER OF THE ORGANIZATION APPOINTS THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO SUBCOMMITTEES OF THE GOVERNING BOARD.

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

TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUTANT AND REVIEWED BY

MANAGEMENT, A DRAFT OF THE FORM 990 IS REVIEWED WITH THE BOARD BEFORE

FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE ORGANIZATION REVIEWS THE POLICIES IN A BOARD MEETING AND

REQUESTS THAT ALL MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS RE-SIGN THE

CONFLICT OF INTEREST POLICY STATEMENT. BOARD MEMBERS ARE PROHIBITED FROM

RECRUITING BOARD MEMBERS WHO ARE TFH VENDORS, SO MONITORING BEGINS WITH THE

 BOARD ITSELF. BOARD ORIENTATION PACKETS CONTINUE THE PROCESS. VENDORS OVER

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 232211

Schedule O (Form 990) 2022           Name of the organization           THE FLOATING HOSPITAL FOUNDATION, INC.	Page 2 Employer identification number 30-0102842
\$100,000 REQUIRE BOARD NOTIFICATION WHICH IS PRIMARILY SU	JPPLIED BY THE
FORM 990. THE ANNUAL AUDIT SERVES AS AN INDEPENDENT FINAL	CHECK OF POSSIBLE
CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION FOLLOWS THE NATIONAL ASSOCIATION OF COMMU	INITY HEALTH
CENTER GUIDELINES ON OFFICERS AND KEY EMPLOYEE'S SALARIES.	IN ADDITION,
OTHER AGENCIES FORM 990S ARE SOMETIMES REVIEWED. THE BOARD	MEETS IN A
CLOSED SESSION TO ADDRESS THE ISSUE OF CEO COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	

### SCHEDULE R

(Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 30 - 0102842

22

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### THE FLOATING HOSPITAL FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE FLOATING HOSPITAL, INC 13-1624169							
21-01 41ST AVE	DIAGNOSTIC AND TREATMENT						
LONG ISLAND CITY, NY 11101	CENTER	NEW YORK	501(C)(3)	LINE 7	N/A		х
	_						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

30-0102842 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or <sup>ing</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yesl	10
TFH SERVICES, LLC - 82-3212495, 21-01 41ST AVE,	-		THE FLOATING								
LONG ISLAND CITY, NY 11101	FINANCING	NY	HOSPITAL INC	RELATED	380,946.	8,573,604.		x	N/A	x	95.00%
Part IV Identification of Related O	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		0				Yes	No
								$\square$	
	1								

#### Schedule R (Form 990) 2022 THE FLOATING HOSPITAL FOUNDATION, INC.

#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		X	
d	Loans or loan guarantees to or for related organization(s)	1d	X		
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
	Exchange of assets with related organization(s)	1i	X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p	X		
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
S	Other transfer of cash or property from related organization(s)	1s		X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

#### Schedule R (Form 990) 2022 THE FLOATING HOSPITAL FOUNDATION, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn <b>Yes</b>	l or Percel <sup>ing</sup> r? owne	<b>k)</b> entage ership

Schedule R (Form 990) 2022

Schedule R (	Form 990	2022 (
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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22