

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

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.

and ending A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change HOAG HOSPITAL FOUNDATION Name change 95-3222343 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 949-764-7217 330 PLACENTIA AVE 113,681,423. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEWPORT BEACH, CA 92663 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CAROLINE PEREIRA Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HOAGHOSPITALFOUNDATION.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 177 Total number of volunteers (estimate if necessary) 6 -1,210,674. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 35,336,304. 100,854,898. Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 7,878,155 12,537,282. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 211,740 -444,098. 11 43,002,719 112,948,082. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 40,457,641 28,906,533. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,611,442. 15,258,697. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,432,401. 6,081,820. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57,501,484. 50,247,050. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -14,498,765. 62,701,032. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 543,042,123 627,739,333. Total assets (Part X, line 16) 20,754,756 18,259,595. 21 Total liabilities (Part X, line 26) 三年 522,287,367. 609,479,738. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GEOFF MCCLOSKEY, SVP Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/13/24 HOLLY K. MOEN P01800653 Paid KPMG LLP Firm's EIN 13-5565207 Preparer Firm's name 550 SOUTH HOPE STREET, SUITE 1500 Use Only Firm's address Phone no.213-972-4000 LOS ANGELES, CA 90071 Yes May the IRS discuss this return with the preparer shown above? See instructions No

30101631

Pa	rt III Statement of Program Service			
		nse or note to any line in this Part III		
1	Briefly describe the organization's mission: HOAG HOSPITAL FOUNDATION'S PRIMA	RY EXEMPT PURPOSE IS TO RAISE I	FUNDS	
	FOR HOAG MEMORIAL HOSPITAL PRESE			
		•		
2	Did the organization undertake any significa	nt program services during the year which	h were not listed on the	_
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sci			
3	Did the organization cease conducting, or m	nake significant changes in how it conduc	ts, any program services?	Yes X No
	If "Yes," describe these changes on Schedu	ıle O.		
4	Describe the organization's program service	accomplishments for each of its three la	rgest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations		nts and allocations to others, the total	expenses, and
	revenue, if any, for each program service rep			
4a		3,906,533. including grants of \$		0.
	PROVIDE SUPPORT TO HOAG MEMORIAL		·	
	EQUIPMENT, PROGRAMS, NURSING SCH	OLARSHIPS AND VARIOUS OPERATING	<i>j</i>	
	EXPENSES.			
	-			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			, , \	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
_				
4d	Other program services (Describe on Sched	ule O.)		
		luding grants of \$) (Revenue \$)
4e	Total program service expenses	28,906,533.		
			·	Form 990 (2023)

Part IV Checklist of Required 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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا	v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
a		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year molder 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			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
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	Х	
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form 990 (2023) HOAG HOSPITAL FOUNDATION Part IV Checklist of Required Schedules (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	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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%	06		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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	х	X
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
	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	25h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				₹
	Check if Schedule O contains a response or note to any line in this Part V			X No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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Form **990** (2023)

30101631

Form	11 000 (2020)	5-3222343	F	age 5
Par	rt 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ь—
3a	0 ,		Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ļ.,
5a	, , , , , , , , , , , , , , , , , , , ,			X
b	, , , , , , , , , , , , , , , , , , , ,			X
				-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	Х	-
b	, , , , , , , , , , , , , , , , , , , ,			
_	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	sha mayayo 7 -	х	
a			X	<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,	7b		\vdash
С		70		x
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year			
	5.1.1	7e		x
e f				X
g				
9 h	``````````````````\``\``\`\`\\\\			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	333 G. 111		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b				
10	Section 501(c)(7) organizations. Enter:			
а	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\perp
	Note: See the instructions for additional information the organization must report on Schedule O.			
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				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	₩
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		Х
	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		Х
	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	1	

Form **990** (2023) 332005 12-21-23

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 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? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records GEOFF MCCLOSKEY - 949-764-7217 330 PLACENTIA AVE, NEWPORT BEACH, 92663

HOAG HOSPITAL FOUNDATION <u> Page</u> **7** Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 fr See the instructions for the order in which to list t	•		n an	d an	y rel	ated	org	ganizations.		,
Check this box if neither the organization no	or any related o	orgar	nizat	ion d	com	pens	ate	d any current officer, di	rector, or trustee.	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average	(do l	-	Posit		han on	ا م	Reportable	Reportable	Estimated
	hours per	box,	unles	s pers	son is	both a	an	compensation	compensation	amount of
	week	offic	er and	d a dir	rector	/truste	e)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	#			- [.	0		organization	(W-2/1099-MISC/	from the

	hours per	box	, unle: cer ar	ss per	rson is irecto	s both	n an tee)	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ROBERT BRAITHWAITE	2.00									
CEO, HOAG HOSPITAL	57.00	Х						0.	2,233,775.	51,598.
(2) FLYNN ANDRIZZI	50.00									
PRESIDENT FOUNDATION	2.00	Х		Х				0.	949,564.	37,958.
(3) DANNA GRANT	50.00									
VP SR ADVANCEMENT	0.00				Х			0.	739,304.	36,709.
(4) JEFF PURSER	0.00									
EXEC DIR TOURNAMENT	50.00						Х	0.	648,457.	27,866.
(5) GEOFFREY M MCCLOSKEY	50.00									
VP SR FINANCE & OPERATIONS	0.00				Х			0.	566,099.	38,869.
(6) GWEN RITTER	50.00									
VP DEVELOPMENT	0.00					Х		0.	464,132.	65,778.
(7) LYDDY LEWIS	50.00									
VP DEVELOPMENT	0.00					Х		0.	473,260.	26,817.
(8) ADAM DE LA PENA-GAFKE	50.00									
VP CAMPAIGNS & DEV ANALYTICS	0.00					Х		0.	422,847.	55,910.
(9) JULIE HEGGENESS	50.00									
EXEC DIR PLAN. GIVING & LEGAL	0.00					Х		0.	269,668.	28,125.
(10) JENELLE SELTZER	50.00									
VP DONOR RELATIONS	0.00					Х		0.	257,523.	38,756.
(11) CAROLYN MCKITTERICK	4.00									
BOARD SECRETARY	0.00	Х						0.	0.	0.
(12) ANTHONY ALLEN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) VICTOR ASSAD	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) PHILIP BELLING	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) PATRICIA BERCHTOLD	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) IRVING CHASE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) DIANE CONNELLY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.

Form 990 (2023) 332007 12-21-23

Part VII Section A Officers Directors True									JJ-32223 4	5 Page 0
Section A. Officers, Directors, 1143	1	loy	ees,			ghes	t Co		l ' '	
(A)	(B) Average			() Pos		ı		(D)	(E)	(F)
Name and title	hours per		not c	heck	more	than d s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	al tru	onal t		loyee	com e		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) BENJAMIN DU	2.00	_	_		×					
BOARD MEMBER	0.00	х						0.	0.	0.
(19) GARY FUDGE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(20) MARK HARDTKE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(21) JEREMY JONES	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(22) PAUL LIN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(23) DEVON MARTIN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(24) STEPHEN MUZZY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(25) AIDAN RANEY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(26) KATHERINE SHEN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
1b Subtotal								0.	7,024,629.	408,386.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	7,024,629.	408,386.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

the organization. Report compensation for the calendar year ending with or with	Title organization 3 tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ATTAIN CONSULTING, 1600 TYSONS BLVD SUITE		
1400, MCLEAN, VA 22102	SOFTWARE CONSULTANT	218,496.
NADINE FRANCIS		
777 N LAUREL AVE, UPLAND, CA 91786	SOFTWARE CONSULTANT	194,999.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 HOAG HOSPITAL	L FOUNDATIO	N							95-32223	343
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ro				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	related	tee or	stee			en sa te		(** 2. *********************************		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	ser	empl	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) LISA ARGYROS	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) RICHARD TAKETA	5.00									
BOARD CHAIR	0.00	Х						0.	0.	0.
(29) DEBORAH MARGOLIS	4.00									
BOARD VICE CHAIR	0.00	Х		-	-	_		0.	0.	0.
(30) KYLE WESCOAT	4.00								_	_
BOARD TREASURER	0.00	Х	\vdash					0.	0.	0.
(31) CINDY STOKKE BOARD MEMBER	2.00								0.	
BOARD MEMBER	0.00	Х						0.	0.	0.
	<u> </u>	<u> </u>	<u> </u>				1			
Total to Part VII, Section A, line 1c										

Form 990 (2023)
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
υυ	1	a Federated campaigns 1a	1,873.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
2 5		c Fundraising events 1c	2,117,847.				
fts,		d Related organizations 1d					
ig je							
Sir		3 \ / 					
utio		f All other contributions, gifts, grants, and	98,735,178.				
들됨		***					
out		g Noncash contributions included in lines 1a-1f	1,614,556.	100 054 000			
<u>0</u> <u>8</u>		h Total. Add lines 1a-1f		100,854,898.			
		-	Business Code				
Se	2	a					
ē Zi		b					
Sen	(c					
eve		d					
Program Service Revenue		e					
₫	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		12,537,282.		-1,210,674.	13,747,956.
	4	Income from investment of tax-exempt bond pro	i i				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	()				
		b Less: cost or other basis					
a		and sales expenses					
ther Revenue							
eke		. ,					
۳.		d Net gain or (loss)					
Ţ.	8	a Gross income from fundraising events (not					
0		including \$ 2,117,847. of					
		contributions reported on line 1c). See	200 242				
		Part IV, line 18	289,243.				
		b Less: direct expenses 8b	733,341.	444 000			444 000
		c Net income or (loss) from fundraising events		-444,098.			-444,098.
	9	a Gross income from gaming activities. See	l				
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
	- 1	b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
,,			Business Code				
Miscellaneous Revenue	11 :	a					
ane		b					
eve		c					
isc B		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		112,948,082.	0.	-1,210,674.	13,303,858.

332009 12-21-23

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

<u> </u>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b	t include amounts reported on lines 6b, 9, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21	28,906,533.	28,906,533.		
	Grants and other assistance to domestic andividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
o	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
tı	rustees, and key employees	4,419,806.		883,961.	3,535,845
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	7,478,984.		1,495,797.	5,983,187
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	2,105,158.		421,032.	1,684,126
	Other employee benefits	747,908.		149,582.	598,326
	Payroll taxes	506,841.		101,368.	405,473
	ees for services (nonemployees):				
	Management	470,077.		94,015.	376,062
	egal	13,800.		2,760.	11,040
	Accounting	184,230.		184,230.	•
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	1,317,619.		1,317,619.	
	Other. (If line 11g amount exceeds 10% of line 25,				
_	olumn (A), amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	809,117.		161,823.	647,294
	Office expenses	902,764.		180,553.	722,211
	nformation technology	556,993.		111,399.	445,594
	Royalties				
	Decupancy	384,179.		76,836.	307,343
	ravel	11,094.		2,219.	8,875
	Payments of travel or entertainment expenses	·			·
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	106,299.		21,260.	85,039
	nterest				
21 F	Payments to affiliates				
	Depreciation, depletion, and amortization				
	nsurance				
24 C a li	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.)				
	PURCHASED SERVICES	1,325,648.		265,129.	1,060,519
b _	1	, ,		,	. ,
ъ_ с	1				
d _					
	All other expenses				
25 T	otal functional expenses. Add lines 1 through 24e	50,247,050.	28,906,533.	5,469,583.	15,870,934
26 J	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
C	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	ote to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			24,432,474.	1	19,400,276
2	Savings and temporary cash investments			113,374,137.	2	122,370,06
3	Pledges and grants receivable, net			117,954,286.	3	171,213,99
4	Accounts receivable, net		212,750.	4	86,22	
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, sub-	stantial co	ontributor, or 35%			
	controlled entity or family member of any of the	ese persor	ns	0.	5	
6	Loans and other receivables from other disqua	lified pers	ons (as defined			
	under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)	0.	6	
တ္ 7	Notes and loans receivable, net			0.	7	
Assets	Inventories for sale or use			0.	8	
ĕ 9	Donatal and a second all defended by the second			555,909.	9	255,36
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		1,448,536.			
b	Less: accumulated depreciation	10b	612,901.	802,957.	10c	835,63
11	Investments - publicly traded securities			74,189,384.	11	80,020,92
12	Investments - other securities. See Part IV, line	11		211,520,001.	12	233,556,85
13	Investments - program-related. See Part IV, line		0.	13		
14	Intangible assets		0.	14		
15	Other assets. See Part IV, line 11			225.	15	
16	Total assets. Add lines 1 through 15 (must eq			543,042,123.	16	627,739,33
17	Accounts payable and accrued expenses			13,052,622.	17	13,833,11
18	Grants payable		0.	18		
19	Deferred revenue	0.	19			
20	Tax-exempt bond liabilities	0.	20			
21	Escrow or custodial account liability. Complete	0.	21			
<u>y</u> 22	Loans and other payables to any current or for					
<u> </u>	trustee, key employee, creator or founder, sub-					
Liabilities	controlled entity or family member of any of the	ese persor	ns	0.	22	
23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	0.	23	
24	Unsecured notes and loans payable to unrelate			0.	24	
25	Other liabilities (including federal income tax, p	-				
	parties, and other liabilities not included on line	es 17-24).	Complete Part X			
	of Schedule D		······	7,702,134.		4,426,470
26				20,754,756.	26	18,259,59
ا ي	Organizations that follow FASB ASC 958, ch	eck here	X			
စ္ကိ	and complete lines 27, 28, 32, and 33.			122 126 727		141 220 020
27	Net assets without donor restrictions			133,136,727.	27	141,328,02
28	Net assets with donor restrictions			389,150,640.	28	468,151,70
Ĭ	Organizations that do not follow FASB ASC	958, chec	ck here			
<u> </u>	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fund				29	
30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund balances 2 2 2 3 3 1 3 2 2 3 2 3 2 3 2 3 2 3 2 3	Retained earnings, endowment, accumulated i			E22 207 207	31	600 470 72
_	Total net assets or fund balances			522,287,367.	32	609,479,738
33	Total liabilities and net assets/fund balances			543,042,123.	33	627 , 739 , 333 Form 990 (202

Form	1990 (2023) HOAG HOSPITAL FOUNDATION	95-322234	3	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	112	,948,	082.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	,247,	,050.
3	Revenue less expenses. Subtract line 2 from line 1	3	62	,701,	032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	522	,287,	,367.
5	Net unrealized gains (losses) on investments	5	26	,117,	,099.
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	-1	,625,	760.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	609	,479,	738.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				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	o.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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	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 Sche	ı			
За	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?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION 95-3222343 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	60,580,496.	97,847,499.	152,380,415.	35,336,304.	50,854,898.	396,999,612.
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	60,580,496.	97,847,499.	152,380,415.	35,336,304.	50,854,898.	396,999,612.
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)						143,481,196.
6	Public support. Subtract line 5 from line 4.						253,518,416.
	ction B. Total Support			<u> </u>			· , , , , , , , , , , , , , , , , , , ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	60,580,496.	97,847,499.	152,380,415.	35,336,304.	50,854,898.	396,999,612.
	Gross income from interest,		•				
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,275,043.	9,452,620.	33,609,672.	7,446,466.	12,537,282.	73,321,083.
9	Net income from unrelated business	, ,		, ,	, ,		
Ů	activities, whether or not the						
	business is regularly carried on				450,194.		450,194.
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						470,770,889.
	Gross receipts from related activities,	etc (see instructio	ine)			12	626,720.
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax v	ear as a section 50		
10	organization, check this box and stor			y			
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	53.85 %
	Public support percentage from 2022					15	56.52 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
r	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	•		•		•	
17:	10% -facts-and-circumstances test						
170	and if the organization meets the fact	_					
	-			=		_	
j.	meets the facts-and-circumstances te	-			-	72 and line 15 is:	
i.	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu				•		H
18	Private foundation. If the organization	in dia not check a b	oux on line 13, 16a	a, 100, 1/a, 0r 1/b,	, crieck this box ar		(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

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.)

	Yes	No
1		
2		
_		
3a		
26		
3b		
3c		
00		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b	000	2002

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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b		6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Par	t V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purport	3		
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.	7		
	Distributions to attentive supported organizations to which	h the organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6	9		
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Part VI	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,
	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.)
	(See moderno)
<u></u>	
-	
<u></u>	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

Н	OAG HOSPITAL FOUNDATION	95-3222343		
Organization type (check	cone):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.		
General Rule				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•		
Special Rules				
sections 509(a)(1 contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one		
contributor, during literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, subtional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (a) instead of the contributor name and address), II, and III.	cientific,		
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>		
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	•		
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)		

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Page 4

Name of o	rganization	Employer identification number	
HOAG HOS	SPITAL FOUNDATION		95-3222343
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional sp	nrough (e) and the following line entraritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ft Relationship of transferor to transferee
	Transferee's fiame, address, and	1 ZIF + +	nelationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number 95 - 3222343

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II 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 land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c 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 duri	iring the tax
year	
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 enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
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 describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	
	chedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 HOAG HOSPIT	AL FOUNDATION					95-322	2343	Р	age 2
Par	t III Organizations Maintaining Co	ollections of Art	i, Historical Tre	asures, or	Other	Similar	Assets	(contin		
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that	make sigi	nificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or excl	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	ot purpos	se in Part 2	KIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other	r similar a	ssets				_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	answered "Y	es" on Fo	orm 990,	Part IV, lir	ne 9, or		
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custodia	·	•					1		7
	on Form 990, Part X?						L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					^		
								Amount	[
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
f	Ending balance					1f		1		٦
	Did the organization include an amount on Fo					y?	L	Yes	H	∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
ı uı	t V Endowment Funds Complete if	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	Veare	hack
4	Danissis and consultations	165,489,602.	184,029,760.	164,655	<u></u>		01,793.	130,		
	Beginning of year balance	2,332,591.	-158,581.	3,030			19,236.			242.
	Contributions	17,818,659.	-12,677,007.	23,223			95,599.			511.
	Net investment earnings, gains, and losses	17,010,000.	12,077,007.	20,220	, , , , ,	21,0	, , , , , , ,		,	
	Grants or scholarships Other expenditures for facilities									
-		5,970,300.	5,704,570.	6,879	769	6.5	60,720.	7	266	555.
f	Administrative expenses	0,270,000.	0,,02,0.0.	0,015	, , , , ,	-,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •		
g		179,670,552.	165,489,602.	184,029	760.	164 6	55,908.	143,	701	793.
2	Provide the estimated percentage of the curre			-	,		,		, ,	
	Board designated or quasi-endowment	4.2400	%) ficia as.						
b	Permanent endowment 54.6500	%								
	Term endowment 41.1100 g									
·	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	tion that are held an	d administere	ed for the					
	organization by:	-							Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulate	ed	(d) Bool	k valu	<u>е</u>
		basis (investm		I		reciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		1	,448,536.		612,	901.		835,	635.
	Other									

Schedule D (Form 990) 2023

835,635.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

(F) (G) (H)

Part VII	Investments -	Other Securities

Complete if the organization answered "Yes"	on Form 990, Part IV, line	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 end-of-year market value			
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A) COMMINGLED FUNDS	87,761,481.	END-OF-YEAR MARKET VALUE			
(B) HEDGE FUNDS	92,236,130.	END-OF-YEAR MARKET VALUE			
(C) EQUITY	34,870,070.	END-OF-YEAR MARKET VALUE			
(D) REAL ASSETS	18,689,172.	END-OF-YEAR MARKET VALUE			
(E)					

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 000 Part V line 12 col (R))		

233,556,853.

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO HOAG MEMORIAL HOSPITAL	3,449,057.
(3)	DUE TO HOAG CLINIC	126,984.
(4)	SEVERANCE	850,435.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	4,426,476.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, li		Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements			1	137,692,647.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	26,117,099.		
b Donated services and use of facilities		1,126,747.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		-1,625,760.		
e Add lines 2a through 2d			2e	25,618,086.
3 Subtract line 2e from line 1			3	112,074,561.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,317,619.		
b Other (Describe in Part XIII.)		-444,098.		
c Add lines 4a and 4b			4c	873,521.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12			5	112,948,082.
Part XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F		, ,
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1 Total expenses and losses per audited financial statements			1	50,500,276.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,126,747.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		444,098.		
e Add lines 2a through 2d		•	2e	1,570,845.
3 Subtract line 2e from line 1			3	48,929,431.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,317,619.		
b Other (Describe in Part XIII.)		, , .	1	
A 1.10 A 1.40			4c	1,317,619.
 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line) 			5	50,247,050.
Part XIII Supplemental Information	(8.)		<u> </u>	,,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X,	line 2; Part XI,
PART V, LINE 4:				
INTENDED USE OF ENDOWMENT FUNDS				
HOAG HOSPITAL FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO P	ROVIDE			
FINANCIAL SUPPORT FOR BOTH CURRENT AND FUTURE NEEDS OF HOAG	MEMORIAL			
HOSPITAL PRESBYTERIAN.				
PART X, LINE 2:				
UNCERTAIN TAX POSITION UNDER ASC 740 FOOTNOTE FROM THE HMHP	CONSOLIDATED			
AUDITHED PINANGIAL GHAMPMPNING.				
AUDITED FINANCIAL STATEMENTS:				
ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TA	XES, CLARIFIES			
THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM REC	OGNITION			

Schedule D (Form 990) 2023 HOAG HOSPITAL FOUNDATION	95-3222343	Page 5
Schedule D (Form 990) 2023 HOAG HOSPITAL FOUNDATION Part XIII Supplemental Information (continued)		
THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED		
IN THE CONSOLIDATED FINANCIAL STATEMENTS. ASC TOPIC 740 ALSO PROVIDES		
GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND		
PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO		
PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX		
LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT DECEMBER		
31, 2023 AND 2022.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
SPLIT INTEREST -1,625,760.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING INCOME 289,243.		
FUNDRAISING EXPENSES -733,341.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B -444,098.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING INCOME -289,243.		
FUNDRAISING EXPENSES 733,341.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 444,098.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** HOAG HOSPITAL FOUNDATION 95-3222343

Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on						
Form 990, Part I											
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the $\mathfrak q$	grants or assistance?	Yes No						
	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance out	side the						
United States.											
(a) Region	(b) Number of offices	(c) Number of employees.	1, ,	(e) If activity listed in (d)	(f) Total expenditures						
	in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and						
	In the region	contractors	recipients located in the region)	of service(s) in the region	investments						
		in the region	3 ,		in the region						
CENTRAL AMERICA AND											
THE CARIBBEAN	0	0	INVESTMENTS		89,668,929.						
III CINIDDEAN	+	<u> </u>	THE STREET		35,000,529.						
EUROPE (INCLUDING											
ICELAND AND											
GREENLAND)	0	0	INVESTMENTS		5,928,108.						
					 ' ' '						
NORTH AMERICA	0	0	INVESTMENTS		1,332,741.						
EAST ASIA AND THE											
PACIFIC	0	0	INVESTMENTS		215,686.						
MIDDLE EAST AND											
NORTH AFRICA	0	0	INVESTMENTS		103,122.						
NORTH MIRICH	•	•	INVESTMENTS		103,122.						
	1	_			07.040.505						
3 a Subtotal	0	0			97,248,586.						
b Total from continuation	0	_									
sheets to Part I		0			0.						
c Totals (add lines 3a and 3b)	0	0			97,248,586.						

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter tot	al number	of other	organizations	or entities
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Schedule F (Form 990) 2023 HOAG HOSPITAL FOUNDA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	O No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	TAL FOUNDATION					Employer ide 95-322234	ntification number ः
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		1					
List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	it is	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			C1000	CHRISTMAS BALL	1	col. (c))
Φ			(event type)	(event type)	(total number)	(0)
eun						
Revenue	1	Gross receipts	1,111,180.	930,959.	364,951.	2,407,090.
			1 055 001	722 440	206 525	0 115 045
	2	Less: Contributions	1,077,891.	733,419.	306,537.	2,117,847.
	2	Gross income (line 1 minus line 2)	33,289.	197,540.	58,414.	289,243.
\dashv	<u> </u>	Gross income (line 1 minus line 2)		257,010.	35,121.	200,210.
	4	Cash prizes				
	-					
	5	Noncash prizes				
ses						
Sens	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ӓ	•	Entertainment	26 627	37 000	7 500	71 127
		Entertainment Other direct expenses				71,127.
	10					733,341.
		Net income summary. Subtract line 10 from li	0 1 (1)			-444,098.
Pa						•
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,9-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))
Rev						
=	1_	Gross revenue				
	2	Cach prizes				
ses	2	Cash prizes				
oeu	3	Noncash prizes				
Direct Expenses	•					
rect	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_	Direct consequences Add Force O. House	Fire and were (all)			
	1	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		· · · · · · · · · · · · · · · · · · ·				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
40		and the constitution of th	contrast access to the state of			
		ere any of the organization's gaming licenses re			year?	Yes No
b	"	Yes," explain:				
	_					
						110/5 200 200
33208	2 09	-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 HOAG HOSPITAL FOUNDATION 95-	3222343	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	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?	🗆	Yes	☐ No
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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	LJ \	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990)	HOAG HOSPITAL FOUNDATION	95-3222343	Page 4
Schedule G (Form 990) Part IV Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

						Employer identification number
AL FOUNDATION						95-3222343
sistance?						X Yes No
					/ " F 200 D 1	
				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
33-0676831	501(C)(3)	3,120,833.	0.			PROGRAMS & EQUIPMENT
	501(C)(3)	23,907,474.	0.			PROGRAMS & EQUIPMENT
45-2982422	501(C)(3)	500,000.	0.			PROGRAMS & EQUIPMENT
27-1355820	OTHER	170,000.	0.			TEEN BRAIN PROGRAM SUPPORT
75-3076627	501(C)(3)	1,208,226.	0.			ORTHOPEDIC EDUCATION & RESEARCH
-						1
	sistance?	s and Assistance ds to substantiate the amount of the grants sistance? procedures for monitoring the use of grant to Domestic Organizations and Domestic an \$5,000. Part II can be duplicated if addit (b) EIN (c) IRC section (if applicable) 33-0676831 501(C)(3) 95-1643327 501(C)(3) 45-2982422 501(C)(3) 27-1355820 OTHER 75-3076627 501(C)(3)	ds to substantiate the amount of the grants or assistance, the desistance? procedures for monitoring the use of grant funds in the United to Domestic Organizations and Domestic Governments. Of an \$5,000. Part II can be duplicated if additional space is needed in (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (d) Amount of cas	s and Assistance Its to substantiate the amount of the grants or assistance, the grantees' eligibility sistance? procedures for monitoring the use of grant funds in the United States. Ito Domestic Organizations and Domestic Governments. Complete if the organ \$5,000. Part II can be duplicated if additional space is needed. It (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant noncash assistance) 33-0676831 501(C)(3) 3,120,833. 0. 0 95-1643327 501(C)(3) 23,907,474. 0. 45-2982422 501(C)(3) 500,000. 0. 27-1355820 OTHER 170,000. 0.	distored substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? procedures for monitoring the use of grant funds in the United States. to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yan \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (ff) Method of valuation (book, FMV, appraisal, other) 33-0676831 501(C)(3) 3,120,833. 0. 95-1643327 501(C)(3) 23,907,474. 0. 45-2982422 501(C)(3) 500,000. 0.	s and Assistance Is to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selective sistance? procedures for monitoring the use of grant funds in the United States. to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Parl an \$5,000. Part II can be duplicated if additional space is needed. (a) (b) EIN (c) IRC section (fit applicable) (d) Amount of cash grant (e) Amount of noncash assistance (fit) (f) Method of valuation (book, FMV, appraisal, other) (h) appraisal, other) 33-0676831 501(C)(3) 3,120,833. 0. 45-2982422 501(C)(3) 23,907,474. 0. 45-2982422 501(C)(3) 500,000. 0.

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

Schedule I (Form 990) 2023

HOAG HOSPITAL FOUNDATION 95-3222343 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: GRANTS ARE SENT TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN TO OFFSET EXPENDITURES THAT HAVE BEEN INCURRED. ALL DOCUMENTATION IS OBTAINED TO SUPPORT THE USE OF GRANTS. RECIPIENTS OF THE GRANTS ARE REVIEWED AT THE TIME THE GRANTS ARE GIVEN.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HOAG HOSPITAL FOUNDATION

Employer identification number 95-3222343

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBERT BRAITHWAITE	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	1,347,500.	760,500.	125,775.	28,050.	24,822.	2,286,647.	118,243.	
(2) FLYNN ANDRIZZI	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	522,812.	397,632.	29,120.	16,500.	22,492.	988,556.	15,310.	
(3) DANNA GRANT	(i)	0.	0.	0.	0.	0.	0.	0.	
VP SR ADVANCEMENT	(ii)	275,138.	282,050.	182,116.	16,500.	20,209.	776,013.	0.	
(4) JEFF PURSER	(i)	0.	0.	0.	0.	0.	0.	0.	
EXEC DIR TOURNAMENT	(ii)	145,163.	221,441.	281,853.	16,500.	13,085.	678,042.	0.	
(5) GEOFFREY M MCCLOSKEY	(i)	0.	0.	0.	0.	0.	0.	0.	
I	(ii)	396,463.	164,469.	5,167.	16,500.	22,369.	604,968.	0.	
(6) GWEN RITTER	(i)	0.	0.	0.	0.	0.	0.	0.	
VP DEVELOPMENT	(ii)	264,306.	196,498.	3,328.	39,000.	26,778.	529,910.	0.	
(7) LYDDY LEWIS	(i)	0.	0.	0.	0.	0.	0.	0.	
VP DEVELOPMENT	(ii)	272,744.	199,986.	530.	13,080.	13,737.	500,077.	0.	
(8) ADAM DE LA PENA-GAFKE	(i)	0.	0.	0.	0.	0.	0.	0.	
VP CAMPAIGNS & DEV ANALYTICS	(ii)	243,186.	178,866.	795.	39,000.	16,910.	478,757.	0.	
(9) JULIE HEGGENESS	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	228,141.	37,583.	3,944.	19,929.	8,196.	297,793.	0.	
(10) JENELLE SELTZER	(i)	0.	0.	0.	0.	0.	0.	0.	
VP DONOR RELATIONS	(ii)	217,572.	28,237.	11,714.	12,857.	25,899.	296,279.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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.

PART I, LINE 1A:

WRITTEN POLICY REGARDING PAYMENT OF EXPENSES

WHILE THE FORM W-2S ARE ISSUED BY HOAG MEMORIAL HOSPITAL PRESBYTERIAN

(HMHP). THE TAX-EXEMPT PARENT OF HOAG HOSPITAL FOUNDATION. THE FOUNDATION

REIMBURSES HMHP AND PROVIDES THE BENEFIT.

PART I, LINE 3:

METHODS USED TO DETERMINE EXECUTIVE DIRECTOR/PRESIDENT COMPENSATION

THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX-EXEMPT PARENT, HOAG

MEMORIAL HOSPITAL PRESBYTERIAN (HMHP), AND IS DISCLOSED AS A PERSON PAID BY

A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS

THAT IS COMPLETED BY HMHP TO REVIEW AND DETERMINE COMPENSATION.

PART I LINES 4A-B:

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS DURING CALENDAR YEAR 2023, WITH

PAYMENT AMOUNTS INCLUDED IN OTHER REPORTABLE COMPENSATION UNDER SCHEDULE J,

PART II, COLUMN (B)(III):

JEFF PURSER

DANNA GRANT

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.
PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:
THE ORGANIZATION'S TAX-EXEMPT PARENT, HOAG MEMORIAL HOSPITAL PRESBYTERIAN
(HMHP), MAKES ANNUAL CONTRIBUTIONS TO A SERP PLAN ON BEHALF OF CERTAIN
MEMBERS OF SENIOR MANAGEMENT IN ACCORDANCE WITH PLAN DOCUMENTS.
THE FOLLOWING INDIVIDUALS RECEIVED A DISTRIBUTION DURING THE CURRENT YEAR:
ROBERT BRAITHWAITE - \$118,243
FLYNN ANDRIZZI - \$15,310

Page 3

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

	HOAG HOSPITAL FOUN	DATION			95-32	22234	3	
Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	23	1,614,556.	COST/SELLING PRIC	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
•••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13	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 ()							
26	Other ()							
27	Other ()							
28	Other (<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organize						•	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by		* * * * *	· · · · · · · · · · · · · · · · · · ·	•			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

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.
PART I,	COLUMN B
	ANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE 0 (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MISSION OF HOAG HOSPITAL FOUNDATION IS ADVANCING THE MISSION OF	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN THROUGH MEANINGFUL AND	
INSPIRATIONAL PHILANTHROPIC PARTNERSHIPS.	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OR STOCKHOLDERS	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN, A RELATED TAX-EXEMPT ORGANIZATION, IS	
THE SOLE CORPORATE MEMBER OF HOAG HOSPITAL FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
POWER TO ELECT OR APPOINT MEMBERS	
THE ORGANIZATION'S MEMBERS ELECT THE DIRECTORS OF HOAG HOSPITAL FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DECISIONS RESERVED FOR MEMBERS OR STOCKHOLDERS	
THE ORGANIZATION'S MEMBERS MUST APPROVE THE FOLLOWING:	
A) CHANGES TO THE ARTICLES OF INCORPORATION;	
B) CHANGES OR AMENDMENTS TO THE BYLAWS;	
C) APPOINTMENT AND REMOVAL OF DIRECTORS;	
D) REMOVAL OF OFFICERS;	
E) ANY CHANGE IN THE FUNDAMENTAL NATURE OF THE FOUNDATION;	
F) DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS;	
G) ANY MERGER, CONSOLIDATION OR SIMILAR REORGANIZATION OF THE CORPORATE	
STRUCTURE, OR DISSOLUTION, OF THE FOUNDATION; AND	
U\ CUANCEC MO MUE INVESTMENT DOLLCY STATEMENT AND OD CUANCE IN MUE DETMADY	

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** HOAG HOSPITAL FOUNDATION 95-3222343 INVESTMENT CONSULTANT RECOMMENDED BY THE INVESTMENT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 11B: PROCESS USED TO REVIEW THE 990 THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT COMMITTEE OF THE BOARD THE REVIEW OF FORM 990 PRIOR TO ISSUANCE. THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE ACCOUNTING TEAM, HUMAN RESOURCES, CORPORATE COMPLIANCE AND GOVERNANCE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY MANAGEMENT INCLUDING AN OFFICER OF THE ORGANIZATION. THE AUDIT COMMITTEE IS PROVIDED WITH A DRAFT OF THE FORM 990 AND IS PROVIDED AMPLE TIME TO READ THE DOCUMENT AND DEVELOP QUESTIONS. THE AUDIT COMMITTEE THEN CONVENES PRIOR TO ISSUANCE OF THE FORM 990 TO REVIEW AND DISCUSS THE DRAFT FORM 990 WITH MANAGEMENT AND EXTERNAL EXPERTS HIRED BY MANAGEMENT. AN ELECTRONIC VERSION OF THE FORM 990 IS POSTED TO A SECURE WEBSITE AVAILABLE TO ALL OF THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART V, LINE 2A W-2S HOAG MEMORIAL HOSPITAL PRESBYTERIAN (HMHP) PAYS ALL EMPLOYEES OF HOAG HOSPITAL FOUNDATION (HHF) AND THEREFORE ISSUES ALL W-2S. HHF REIMBURSES HMHP FOR ALL EMPLOYEE COMPENSATION. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE

Schedule O (Form 990) 2023 Page **2**

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number
ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY. OFFICERS,	
TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND	
NATURE OF ANY ACTUAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST HE SHE	
MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN	
CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO	
THE ORGANIZATION. DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL,	
APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE CONSUMMATION	
OF ANY CONTRACT OR TRANSACTION. OFFICERS, DIRECTORS, NON-DIRECTOR MEMBERS	
OF BOARD COMMITTEES, AND SENIOR EXECUTIVES ARE REQUIRED TO COMPLETE AN	
ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. INDIVIDUAL TRANSACTIONS THAT	
OCCUR BETWEEN THE ANNUAL QUESTIONNAIRES ARE REVIEWED BY THE CORPORATION'S	
LEGAL AND COMPLIANCE OFFICERS FOR POTENTIAL CONFLICT OF INTEREST. ANY	
DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED	
CONTRACT, TRANSACTION OR ARRANGEMENT SHALL REFRAIN FROM VOTING ON ANY	
MATTER RELATING TO THE CONTRACT, TRANSACTION OR ARRANGEMENT, OR BE EXCUSED	
FROM ANY MEETING WHERE THE PROPOSED CONTRACT	
IS DISCUSSED.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION:	
THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX-EXEMPT PARENT, HOAG	
MEMORIAL HOSPITAL PRESBYTERIAN (HMHP) AND THE ORGANIZATION REIMBURSES HMHP	
FOR THE COMPENSATION. PLEASE SEE BELOW FOR THE PROCESS COMPLETED BY HMHP TO	
REVIEW AND DETERMINE COMPENSATION.	
THE COMPENSATION OF THE PRESIDENT AND ALL VICE PRESIDENTS (KEY EMPLOYEES)	
IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE HHF BOARD OF DIRECTORS.	
THE COMPENSATION COMMITTEE RECEIVES A STUDY PERFORMED BY AN INDEPENDENT	0.1.1.1.0 (5

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 95-3222343 HOAG HOSPITAL FOUNDATION CONSULTING FIRM THAT REVIEWS LEVELS OF COMPENSATION AT COMPARABLE ORGANIZATIONS FOR COMPARABLE POSITIONS WHEN SETTING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES. THIS PROCESS OF USING COMPARABLE DATA TO ESTABLISH LEVELS OF COMPENSATION HAS BEEN IN PLACE IN EXCESS OF SEVEN YEARS. THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN FEBRUARY 2023. IN ADDITION. THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED REASONABLE IN COMPLIANCE WITH IRC SECTION 4958. FORM 990, PART VI, SECTION C, LINE 19: PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN SPLIT INTEREST AGREEMENTS -1,625,760.

32212 11-14-23 Schedule O (Form 990) 2023

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

	HOAG HOSPITAL FOUNDA	ATION					95-3222343		uniber
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	l l	(e) rear asset	ts Direct o	(f) controlling	g
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had o	ne or mo	ore related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity		(f) irect controlling entity	conf	(g) 512(b)(13) trolled ntity?
					501(c)(3))			Yes	No
ONE HOA	INC 45-3583707 AG DRIVE, PO BOX 6100 P BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	нмнр			x
HOAG CL	JINIC - 33-0676831 AG DRIVE, PO BOX 6100								
	BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	10	нмнр	,		х
	HARITY SPORTS - 45-2982422 USINESS CTR DR, STE 195								
	BEACH, CA 92663 EMORIAL HOSPITAL PRESBYTERIAN -	SUPPORT	CALIFORNIA	501(C)(3)	7	нмнр		┼	Х
95-1643	3327, ONE HOAG DRIVE PO BOX 6100, B BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	3	нмнр			Х

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

Schedule R (Form 990) 2023

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	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	1	ortionate itions?	amount in box r		aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
COASTAL ASC HOLDINGS LLC -]											
81-0986844, ONE HOAG DRIVE,												
BOX 6100, NEWPORT BEACH, CA												
92658	HEALTHCARE	CA	НМНР	N/A				x	N/A		x	
HOAG ORTHOPEDIC INSTITUTE -												
61-1588294, ONE HOAG DRIVE,]											
BOX 6100, NEWPORT BEACH, CA]											
92658	HEALTHCARE	CA	нмнр	N/A				х	N/A		х	
NEWPORT IMAGING CENTER -												
33-0191776, 360 SAN MIGUEL,												
NEWPORT BEACH, CA 92660	HEALTHCARE	CA	НМНР	N/A				х	N/A		х	

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) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(i contr ent	tion b)(13) rolled ity?
WOOD WANTAGENERUM GERVITAGES THE 22 0721507		country)						Yes	No
HOAG MANAGEMENT SERVICES, INC - 33-0731587	4								ĺ
ONE HOAG DRIVE, BOX 6100									
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	HMHP	C CORP					Х
HOAG PHYSICIAN PARTNERS - 83-4276044									
16148 SAND CANYON AVE									1
IRVINE, CA 92618	HEALTHCARE	CA	N/A	C CORP					Х
HOAG ORTHOPEDIC NETWORK - 83-4062064									
ONE HOAG DRIVE PO BOX 6100									ĺ
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP					Х

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a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Giπ,	grant, or capital contribution to related organization(s)				מו	Λ				
c Gift,	grant, or capital contribution from related organization(s)				1c	Х				
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
f Divi	dends from related organization(s)				1f		Х			
	of assets to related organization(s)				1g		X			
h Pur	chase of assets from related organization(s)				1h		X			
i Exc	nange of assets with related organization(s)				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)										
k Leas	se of facilities, equipment, or other assets from related organization(s)				1k	Х				
l Performance of services or membership or fundraising solicitations for related organization(s)										
m Perf	ormance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х			
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х			
					10		X			
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(s)										
	er transfer of cash or property from related organization(s)				1s	Х				
2 If th	e answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rel	lationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
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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) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

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