Exempt Organization Tax Return For The Year Ended 12/31/21 Copy – Retain For Your Records

PUBLIC INSPECTION COPY

Form	990
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Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

G Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

			ation about Form 990 a			-	0////990.		Inspection		
A F	or th	e 2021 calendar year, or tax year	beginning		and endir	ng					
D		C Name of organization					D Employer ide	entific	ation number		
Вс	heck if ap	HOAG HOSPITAL FOUN	IDATION								
	Addre chang	Doing Business As					95-3222	2343			
		Number and street (or P.O. box if	mail is not delivered to street	t address)	Room/suite		E Telephone n				
	-	return 330 PLACENTIA AVE					(949)764-7219				
	Termi		ountry, and ZIP or foreign pos	stal code			()1) //	51			
_	Amen						G Gross receip	to ¢	105 075 645		
_	return Applio	NEWPORI BEACH, CA					H(a) Is this a grou		185,875,645.		
	pendi	ing					subordinates	?			
		330 PLACENTIA AVE,					H(b) Are all subord				
<u> </u>			1(c) () (insert no.) 4947(a)(1)	or 527	7	If "No," attac	ch a list.	(see instructions)		
		te: 🕨 WWW.HOAGHOSPITALFOU	JNDATION.ORG				H(c) Group exem		· · · · · · · · · · · · · · · · · · ·		
K	Form of	of organization: X Corporation Trus	t Association O	other 🕨	L Year of	f formatio	on: 1977 M	State	of legal domicile: CA		
P	art I	Summary									
	1	Briefly describe the organization's mis	sion or most significant a	ctivities: <u>THE</u>	MISSION (OF HO	AG HOSPI	TAL	FOUNDATION		
e		IS ADVANCING THE MISSIO	N OF HOAG MEMOR	RIAL HOSPIT	AL PRESB	YTERI	LAN				
aŭ		THROUGH MEANINGFUL AND	INSPIRATIONAL B	PHILANTHROP	IC PARTN	ERSHI					
Governance	2	Check this box ▶ if the organiza	ation discontinued its op	erations or dispose	ed of more that	an 25%	of its net assets	s.			
ģ	3	Number of voting members of the gov	erning body (Part VI. line	1a)				3	24		
		Number of independent voting member						4	22		
Activities &		Total number of individuals employed						5	NONE		
iži		Total number of volunteers (estimate if						6	166		
Act		Total unrelated business revenue from	** • • • • • •					7a	-114,442.		
		Net unrelated business taxable income						7a 7b	NONE		
		Net unrelated business taxable income		4			Prior Year	10	Current Year		
		Operate in the state of the sta	46)								
an	8	Contributions and grants (Part VIII, line	1n)	COP	PY FOR		97,847,49		152,380,415.		
/en	9	Program service revenue (Part VIII, line	2g)	PUBLIC	NSPECTION			ONE	NONE		
Revenue	10	investment income (Fart viii, column ((A), liftes 5, 4, and (Tu)				9,452,62		33,609,672.		
		Other revenue (Part VIII, column (A), la					-1,297,80		-225,155.		
		Total revenue - add lines 8 through 11				1	06,002,31	.6.	185,764,932.		
		Grants and similar amounts paid (Part					28,075,51	.5.	29,406,620.		
	14	Benefits paid to or for members (Part I	X, column (A), line 4)				N	ONE	NONE		
S	15	Salaries, other compensation, employe					9,728,00)4.	10,287,783.		
Expenses	16a	Professional fundraising fees (Part IX, o	column (A), line 11e)				N	ONE	NONE		
ďx	b	Total fundraising expenses (Part IX, co									
ш	17	Other expenses (Part IX, column (A), li	nes 11a-11d, 11f-24e)				3,267,36	53.	5,062,101.		
		Total expenses. Add lines 13-17 (must					41,070,88	32.	44,756,504.		
		Revenue less expenses. Subtract line					64,931,43		141,008,428.		
ses		·					ning of Current \		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				4	35,559,48	39.	584,715,727.		
Ass Ba	21	Total liabilities (Part X, line 26)					17,884,79		18,007,275.		
let	22	Net assets or fund balances. Subtract	line 21 from line 20				17,674,69		566,708,452.		
	art II	Signature Block					1,70,1705		300,700,1321		
		nalties of perjury, I declare that I have exam	ined this return including a	accompanying sched	ules and staten	nents ar	nd to the best of	mv k	nowledge and belief it is		
true	e, corre	ect, and complete. Declaration of preparer (ot	her than officer) is based on	all information of wh	ich preparer ha	s any kno	owledge.	, .			
Sig	ın	Signature of officer					Date				
He							Duio				
		FLYNN ANDRIZZI		PRI	ESIDENT						
		Type or print name and title	Dava	-	Det				T151		
Paio	ł	Print/Type preparer's name	Preparer's signature	./	Date 11/8	/202	2 Check		TIN		
	parer	KARA ADAMS	Kain li	this		, 202	self-employ	ed I	200023315		
	Only	Firm's name 🕨 ERNST & YOUNG	G U.S. LLP				Firm's EIN 🕨	34	1-6565596		
		Firm's address > 18101 VON KARM	AN AVE, SUITE 1700 IR	VINE, CA 92612			Phone no.	94	19-794-2300		
May	/ the II	RS discuss this return with the prepare	r shown above? (see instr	uctions)					X Yes No		
For	Pape	rwork Reduction Act Notice, see the s	eparate instructions.						Form 990 (2021)		

HOAG	HOSPITAL	FOUNDATION	

Forn	n 990 (202 ⁻)			Page 2
Pa		Statement of Program Service A			
1		check if Schedule O contains a r escribe the organization's mission:	esponse or note to any line in this Pa	rt III	<u> </u>
•	•	•	RIMARY EXEMPT PURPOSE IS	TO RAISE FUNDS	
		DAG MEMORIAL HOSPITAL P			
	prior For	m 990 or 990-EZ?	cant program services during the y		Yes X No
	If "Yes," of	lescribe these new services on So	hedule O.		
	services?		or make significant changes in		Yes X No
		lescribe these changes on Schedu	ule O. vice accomplishments for each of	its three largest program service	os as maasurad by
	expenses		4) organizations are required to re		
4a			b6,620. including grants of \$2		NONE)
			RIAL HOSPITAL PRESBYTERI.		
			MS, NURSING SCHOLARSHIPS	AND VARIOUS	
	OPERA	TING EXPENSES.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 -	(O a d a :) (5			<u> </u>
4C	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4d	-	ogram services (Describe on Sche			
	(Expense			ie\$)	
4e	l'otal pro	gram service expenses 🕨	29,406,620.		- 000
1E10)20 1.000 3216	5V 2020	V21-7.6F 60087882		Form 990 (2021)
	12.10				<i>.</i>

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Part	V Checklist of Required Schedules		N	Ne
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		37
4	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		v
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	4		X
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Λ	
120	Schedule D. Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		X
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		X
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?			
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
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Part	V 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		162	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax average bande?	240		
Ь	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	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? If "Yes,"			
	complete Schedule N, Part II.	32		X
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 W and Part V line 1	24	v	
35 a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		55	17	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		X
	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	X 990	(2021)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	_	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
D D	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		
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA			~~~	

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be	elow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	24		
Ia	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. Enter the number of voting members included on line 1a, above, who are independent 1b	22		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w			37
	any other officer, director, trustee, or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the direction			
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6	X	L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	oint		
	one or more members of the governing body?	. 7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	ers,		
	stockholders, or persons other than the governing body?		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur			
	the year by the following:	5		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		.)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	•		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
110	· · · · · · · · · · · · · · · · · · ·		X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	•		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	•		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		v	
	rise to conflicts?	_ 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	40-	37	
	describe on Schedule O how this was done		X	<u> </u>
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval	by		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official		X	<u> </u>
b	Other officers or key employees of the organization	_ 15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent		
	with a taxable entity during the year?	<u>16a</u>		X
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 t			
	organization's exempt status with respect to such arrangements?	. 16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (sec	tion 5	601(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			(•)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of inte	rest r	olicy
	and financial statements available to the public during the tax year.			, onoy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords 🕨		
20	FLYNN ANDRIZZI 330 PLACENTIA AVE NEWPORT BEACH, CA 92663			
	949-764-7219	Form	990	(2021)
JSA 1E1042		1 011		()
161042				

Page 7

Part VII	Compensation	ot	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

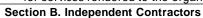
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ű			ited				
(1) ROBERT BRAITHWAITE BD MBR/CEO-PRES. HMHP/PRES HC (2) FLYNN ANDRIZZI	2.00 57.00 50.00	x						NONE	1,744,587.	218,833.
PRESIDENT/SVP HMHP/BD MBR HCS	4.00	x		x				NONE	950,393.	79,416.
(3) GREG GISSENDANNER	50.00								,	
VP DEVELOPMENT	NONE				X			NONE	857,886.	20,895.
(4) KENYA BECKMANN	NONE									
FORMER KEY EMPLOYEE	50.00						Х	NONE	644,878.	112,340.
(5) NICOLE M BALSAMO	50.00									
FDN VP DEVELOPMENT	NONE				X			NONE	583,597.	48,599.
(6) CHRISTIAN WARD	50.00	-								
VP MAJOR GIFTS (THRU 5/5/21)	NONE				X			NONE	428,154.	4,447.
(7) DANNA C GRANT	50.00	-								
FDN VP DONOR RELATIONS	NONE				X			NONE	381,164.	30,979.
(8) ADAM DE LA PENA-GAFKE	50.00	-								
FDN VP DEVELOP OPS & CAMPAIGNS	NONE				X			NONE	347,746.	45,971.
(9) GWEN RITTER	50.00	-								
EXEC DIR DEVELOPMENT	NONE					Х		NONE	258,787.	51,211.
(10) JULIE HEGGENESS	50.00	-								
EXEC DIR PLANNED GIVING	NONE					X		NONE	251,511.	24,332.
(11) DEBRA MCCUNE	50.00	-								
EXEC DIR STEWARDSHIP/DEVELOP	NONE					X		NONE	249,241.	25,339.
(12) STACY C SKWARLO	50.00								005 004	
EXEC DIR DEVELOPMENT	NONE					X		NONE	237,834.	34,666.
(13) ANGELINA MORANO	50.00					37				04 150
SR DIR MAJOR GIFTS	NONE		-			X		NONE	219,763.	24,152.
(14) ANTHONY ALLEN	2.00	v						NICATE	NTONT	NONT
BOARD MEMBER	NONE	X						NONE	NONE	NONE

Part	VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and I	lig	hest Compensat	ed Employees (d	continued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(_15)	KATHLEEN M. ARMSTRONG	5.00									
CHA	IR/BD MBR HMHP	2.00	Х		Х				NONE	NONE	NONE
(_16)	JEREMY JONES	4.00									
TRE	ASURER	NONE	Х		Х				NONE	NONE	NONE
(_17)_	PATRICIA BERCHTOLD	2.00	-								
SEC	RETARY	NONE	Х						NONE	NONE	NONE
(<u>18</u>)	JAMES BUCKINGHAM	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_19)_	BENJAMIN DU	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_20)	ANDREW A. FIMIANO	2.00_									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_21)_	MARK HARDTKE	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_22)_	SHANAZ LANGSON	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_23)	DEBORAH MARGOLIS	4.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_24)_	STEPHEN MUZZY	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
(_25_)_	ROBERT ROTH	2.00									
BOA	RD MEMBER	NONE	Х						NONE	NONE	NONE
1b S	Sub-total								NONE	7,155,541.	721,180.
сТ	otal from continuation sheets to Part VII,	Section A							NONE	NONE	NONE
d T	otal (add lines 1b and 1c)							►	NONE	7,155,541.	721,180.

		organization Image: Second	rom the	compensation	reportable
--	--	--	---------	--------------	------------

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	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
5	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	5
-		

NONE



1 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.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

art VII Section A. Officers, Directors, Tru	istees, Ke	<u>y En</u>	plo	yee	es, a	and H	ligh	nest Compensat	ea Employees (continuea)
(A) Name and title	(B) Average hours per	· ·	not ch		tion more	e than or		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	· ·	r and	ladi		is both a or/truster employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
6) SANDRA SIMON	2.00		ŏ			ated				
OARD MEMBER	NONE	x						NONE	NONE	NC
7) DIANA SUN	2.00									
OARD MEMBER	NONE	X						NONE	NONE	NC
8) RICHARD TAKETA	4.00									
VICE CHAIR	NONE	X						NONE	NONE	NC
9) GARY FUDGE	2.00									
OARD MEMBER	NONE	X						NONE	NONE	NC NC
0) CAROLYN MCKITTERICK	2.00]
OARD MEMBER	NONE	X		-+				NONE	NONE	NC NC
1) KYLE WESCOAT	2.00									
OARD MEMBER	NONE	X						NONE	NONE	NC
2) DANIEL YOUNG	2.00	v						NONE	NONT	
OARD MEMBER/HOSPITAL CHAIR	5.00	X						NONE	NONE	NC
3) DR. AIDAN RANEY	<u>2.00</u> _ NONE	x						NONE	NONE	
4) KATHERINE SHEN	2.00						_	INCINE	INOINE	NC NC
OARD MEMBERBOARD MEMBER	NONE	x						NONE	NONE	NC NC
BOARD MEMBERBOARD MEMBER NONE X NONE NONE 35) PHILIP BELLING 2.00										
BOARD MEMBER NONE X NONE NONE								NC NC		
b Sub-total c Total from continuation sheets to Part VII, S			•••			••••	•			
d Total (add lines 1b and 1c)						•••			¢4.00.000(
Total number of individuals (including but not reportable compensation from the organization		nose	listed			e) who	re	ceived more than	\$100,000 of	Yee N
Did the organization list any former offic	er, directo	or. or	tru	stee	э. I	kev e	mp	lovee, or highes	t compensated	Yes N
employee on line 1a? If "Yes," complete Schedu										3 X
For any individual listed on line 1a, is the solution organization and related organizations greater	eater than	\$15	0,00)0? [`]	lf	"Yes,	" (complete Schedu	le J for such	
individual										4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5
ection B. Independent Contractors										
Complete this table for your five highest com compensation from the organization. Report c										
year.										

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2

		Check if Schedule O c	ontains a res	ponse or note to a	ny line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1	a 3,880.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		b				
٥Ĕ	c	Fundraising events						
ifts ir A	d	Related organizations						
ji Gi	е	Government grants (contrib						
Sin	f	All other contributions, gifts,						
erio		and similar amounts not include	-	151,265,600.				
Ę j	g	Noncash contributions inclu						
d d	9	lines 1a-1f		\$ 2,371,773.				
аS	h	Total. Add lines 1a-1f	_	•	152,380,415.			
				Business Code				
ő	0-							
ž	2a							
Se	b							
E S	C							
Re	d			_				
Program Service Revenue	e			_				
_	f g	f All other program service revenueg Total. Add lines 2a-2f			NONE			
	3	Investment income (inclu						
	3	other similar amounts)	0		33,609,672.			33,609,672.
	4	Income from investment of			NONE			33,003,012
	4 5	Royalties		· .	NONE			
			(i) Real	(ii) Personal	NONE			
	0.0		()	(-			
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b		IONE NONE				
	C d	Rental income or (loss) 6c			NONE			
	d	Net rental income or (loss) .	(i) Securities		NONE			
	7a	Gross amount from			-			
		sales of assets						
		other than inventory 7a			-			
Revenue	b	Less: cost or other basis						
vel		and sales expenses 7b			-			
Re		Gain or (loss)			NONT			
Jer	a			<u> </u>	NONE			
Other	8a		fundraising 1,110,935.					
		of contributions reported		a NONE				
		1c). See Part IV, line 18						
	b	Less: direct expenses Net income or (loss) from fi	· · · · · · · · · · · · · · · · · · ·		-110,713.			-110,713
	c		-		110,7151			1107710
	9a	Gross income from activities. See Part IV, line 19	gaming	a NONE				
				,u				
	b	Less: direct expenses	· · · · · · · · · · · · · · · · · · ·	-	NONE			
	c	Net income or (loss) from			NONE			
	10a	Gross sales of inventive returns and allowances		0a NONE				
				0b NONE				
	b c	Less: cost of goods sold Net income or (loss) from sa			NONE			
				Business Code	TIONE			
suo e	44-	UBI FROM PARTNERSHIPS/LLC	CS	901101	-114,442.		-114,442.	
nue	11a			-	,		,	1
slls	b							1
Miscellaneous Revenue	c d	All other revenue		_				1
Σ	e	Total. Add lines 11a-11d		· · · · · · · · · · · · · · · · · · ·	-114,442.			
	12	Total revenue. See instructi			185,764,932.		-114,442.	33,498,959.

Part VIII Statement of Revenue

Form 990 (2021)

HOAG HOSPITAL FOUNDATION Part IX Statement of Functional Expenses

Check if Schedule O contains a respo					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,406,620.	29,406,620.			
2 Grants and other assistance to domestic					
individuals. See Part IV, line 22	NONE				
3 Grants and other assistance to foreign					
organizations, foreign governments, and					
foreign individuals. See Part IV, lines 15 and 16	NONE				
4 Benefits paid to or for members	NONE				
5 Compensation of current officers, directors,					
trustees, and key employees	3,435,675.		687,135.	2,748,540	
6 Compensation not included above to disqualified					
persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B)	NONE				
7 Other salaries and wages	4,942,308.		988,462.	3,953,84	
8 Pension plan accruals and contributions (include	1,042,316.		208,463.	833,85	
section 401(k) and 403(b) employer contributions)					
9 Other employee benefits	544,296.		108,859.	435,43	
0 Payroll taxes	323,188.		64,638.	258,55	
1 Fees for services (nonemployees):					
a Management	383,900.		76,780.	307,12	
b Legal	18,251.		3,650.	14,60	
c Accounting	180,912.		180,912.		
d Lobbying	NONE				
e Professional fundraising services. See Part IV, line 17	NONE		1 700 555		
f Investment management fees	1,782,555.		1,782,555.		
9 Other. (If line 11g amount exceeds 10% of line 25, column	NONE				
(A), amount, list line 11g expenses on Schedule O.)	508,662.		101,732.	406,93	
Advertising and promotion	774,610.		154,922.	619,68	
3 Office expenses	90,356.		18,071.	72,28	
	NONE		10,071.	,2,20	
15 Royalties	234,482.		46,896.	187,58	
	7,131.		1,426.	5,70	
7 Travel	.,			0,10	
for any federal, state, or local public officials	NONE				
9 Conferences, conventions, and meetings	NONE				
20 Interest	NONE				
21 Payments to affiliates	NONE				
22 Depreciation, depletion, and amortization	NONE				
23 Insurance	NONE				
24 Other expenses. Itemize expenses not covered					
above. (List miscellaneous expenses on line 24e. If					
line 24e amount exceeds 10% of line 25, column					
(A), amount, list line 24e expenses on Schedule O.)					
a PURCHASED SERVICES	1,081,242.		216,248.	864,99	
b					
c					
d					
e All other expenses					
26 Joint costs. Complete this line only if the	44,756,504.	29,406,620.	4,640,749.	10,709,139	
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) 	44,756,504.	29,406,620.	4,640,749.	10,709	

following SOP 98-2 (ASC 958-720)

- 3 -

rm 99() (2021)		55	3222343 Page 1 1
Part				1 490
ur e z	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	27,499,772.	1	34,761,853
2		3,199,571.	2	6,656,483
3	Pledges and grants receivable, net	132,731,845.	3	144,641,590
4	Accounts receivable, net	208,460.	4	199,612
5	Loans and other receivables from any current or former officer, director,	200,1001		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined	110112	Ū	1.0.
ľ	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	NONE	6	NO
2 7	Notes and loans receivable, net	NONE		NO
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Inventories for sale or use	NONE		NO
2 9	Prepaid expenses and deferred charges	340,124.	-	268,34
-	a Land, buildings, and equipment: cost or other	510,121.	<u> </u>	200,31
	basis. Complete Part VI of Schedule D 10a 888,535.			
	b Less: accumulated depreciation	497,321.	100	578,942
11	Investments - publicly traded securities.	28,564,435.		132,458,204
12	Investments - other securities. See Part IV, line 11	242,517,961.	12	265,150,19
13	Investments - program-related. See Part IV, line 11	NONE		NO
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	NONE		50
16	Total assets. Add lines 1 through 15 (must equal line 33)	435,559,489.	-	584,715,72
17	Accounts payable and accrued expenses	15,421,706.	17	13,643,882
18	Grants payable			13,043,802 NO
19	Deferred revenue	NONE		NO
20	Tax-exempt bond liabilities	NONE		NO
20	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NO
	Loans and other payables to any current or former officer, director,	INOINE	21	NO
	trustee, key employee, creator or founder, substantial contributor, or 35%			
5	controlled entity or family member of any of these persons	NONE	22	NO
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
23	Unsecured notes and loans payable to unrelated third parties	NONE		NO
24	Other liabilities (including federal income tax, payables to related third	NONE	24	NO
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2 462 000	25	1 262 20
26	Total liabilities. Add lines 17 through 25.	2,463,090. 17,884,796.	25 26	4,363,39
-		17,004,790.	20	10,007,275
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	51,585,303.	27	146,973,230
28	Net assets with donor restrictions.	366,089,390.	28	419,735,22
2 -0	Organizations that do not follow FASB ASC 958, check here ►	300,009,390.	20	41,755,22
2	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund		-	
2 31	Retained earnings, endowment, accumulated income, or other funds		30 31	
5 32	Total net assets or fund balances	117 674 602	31 32	
2 33	Total liabilities and net assets/fund balances	417,674,693.		566,708,452
		435,559,489.	33	584,715,725 Form 990 (202

Form 990 (2021)

HOAG	HOSPITAL	FOUNDATION

Form 99	00 (2021)				Pa	ge 12			
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					Χ.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	5,7	64,	<u>932</u> .			
2									
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>693</u> .			
5	Net unrealized gains (losses) on investments	5	-	2,9	88,	<u>180</u> .			
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	1,0	13,	<u>511</u> .			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	56	6,7	08,	<u>452</u> .			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	Yes				
1									
	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?		- F	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	b Were the organization's financial statements audited by an independent accountant?								
	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 X Consolidated basis Both consolidated and separate basis								
С	c 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?									
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			3a		v			
	Single Audit Act and OMB Circular A-133?			Ja		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•		3b					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .		วม					

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Nam	e of t	he organization					Employer identif	ication number		
HOA	AG :	HOSPITAL FOUNDATION					95-3	222343		
Ра	't I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instruction	S.		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in secti		•						
3		A hospital or a cooperative		-						
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A))(iii). Enter the		
		hospital's name, city, and state:								
5		An organization operated f		a college or universit	ty owned	d or ope	rated by a governme	ental unit described in		
-		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local go	-			-		(I		
7	X	0	-		ipport fr	om a gov	ernmental unit or tr	om the general public		
•		described in section 170(b)								
8 9	<u> </u>	A community trust describe An agricultural research or					in conjunction with a	land grant college		
9		or university or a non-land-	-			-	-			
		university:	grant conege of ag		10113). L		and state o	The concyc of		
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain e) able inco (a)(2). (0	ceptions ome (less Complete	; and (2) no more that section 511 tax) from Part III.)	n 331/3 % of its		
12		An organization organized a			-			ry out the purposes of		
		one or more publicly suppo	rted organizations of	described in section 5	09(a)(1)	or section	on 509(a)(2). See see	ction 509(a)(3). Check		
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.		
а		Type I. A supporting orgative the supported organization	•	•	•		e ()			
	_	supporting organization.	You must complet	e Part IV, Sections A	and B.					
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnectior	with its	supported organizati	on(s), by having		
		control or management c			the sam	e person	s that control or mar	hage the supported		
	_	organization(s). You must	-							
С		Type III functionally integration						lly integrated with,		
		its supported organization								
d		Type III non-functionally			-					
		that is not functionally inte	• •	• •			•	d an attentiveness		
_	Г	requirement (see instruct		-						
е		Check this box if the orga functionally integrated, or						п, туре п		
f	Fn	ter the number of supported	•••		porting c	nganizau	011.			
g		ovide the following information	0					•••••		
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	.,		.,	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))	Yes	ment? No	instructions)	instructions)		
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	ıl									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

Page **2**

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	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,109,635.	39,597,944.	60,580,496.	97,847,499.	152,380,415.	384,515,989.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	34,109,635.	39,597,944.	60,580,496.	97,847,499.	152,380,415.	384,515,989.
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).						52,665,398.
6	Public support. Subtract line 5 from line 4						331,850,591.
	tion B. Total Support						551,050,591.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	34,109,635.	39,597,944.	60,580,496.	97,847,499.	152,380,415.	384,515,989.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,288,834.	7,341,768.	10,275,043.	9,452,620.	33,609,672.	70,967,937.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	50,119.					50,119.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						455,534,045.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	49,674.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin					14	72.85 %
15	Public support percentage from 2020						80.31 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3% or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org	anization did n	ot check a box c	on line 13 or 16	a, and line 15 i	s 331/3 % or moi	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
	organization'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.						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		I	1	1	T	1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
0	organization, check this box and stop here .						••••
	tion C. Computation of Public Sup			(6))			
15	Public support percentage for 2021 (line 8,					15	%
16 500	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			12 ool:		47	%
17	Investment income percentage for 2021 (lin						
18	Investment income percentage from 2020 3 221/2% support toots 2021 If the or						%
19 a	331/3% support tests - 2021. If the or						
L	17 is not more than 331/3%, check this	-	•	•			
a	331/3% support tests - 2020. If the organized time 18 is not more than 331/2% check						
20	line 18 is not more than 331/3%, check Private foundation. If the organization of		•	•			
20 JSA		and HOL CHECK A		17, 19a, UI 19D	, oneon uns DU		A (Form 990) 2021
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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1

2

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

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.	ported organization(s) n had more than one supported ses were allocated among the
---	---

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.

Section 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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions).
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	e instr <u>uctio</u>	ons).
2	Activities Test. Answer lines 2a and 2b below.	Ye	s 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.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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2a

2b

3a

3b

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

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
				:	Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

HOAG HOSPITAL FOUN	95-3222343				
Organization type (check o	ne):				
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 p	rivate foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a privation	te foundation			
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

	HOAG HOSPITAL FOUNDATION		95-3222343
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$50,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$60,285,204	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$4,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2
Employer identification number

Schedule B (Form 990) (2021)
Name of organization

SCHEE	DULE D
(Form	990)

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. /-

20 21 Open to Public

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 99				Open to Public
	rnal Revenue Service	Go to www.irs.gov/	Form990 for instructions	and the la			Inspection
	e of the organization					Employer identific	
	AG HOSPITAL FO					95-3222	343
Pa	-	tions Maintaining Donor Advi				ccounts.	
	Complete	e if the organization answered			ne 6.		
			(a) Donor advis	ed funds		(b) Funds and	d other accounts
1	Total number at e	nd of year					
2	Aggregate value c	of contributions to (during year)					
3	Aggregate value c	of grants from (during year)					
4		it end of year					
5	Did the organizati	ion inform all donors and donor	advisors in writing the	at the ass	ets held in	donor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusiv	e legal co	ontrol?		Yes No
6		on inform all grantees, donors, a					
		e purposes and not for the bene					
	conferring imperm	issible private benefit?	<u></u>		<u></u>		Yes No
P		tion Easements.					
		e if the organization answered					
1		servation easements held by the	•	hat apply)			
	Preservatio	n of land for public use (for example	, recreation or education)	Pres	servation of	a historically im	portant land area
	Protection of	of natural habitat		Pres	servation of a	a certified histo	oric structure
	Preservatio	n of open space					
2	-	through 2d if the organization he	eld a qualified conserva	tion contr	ibution in the		
	easement on the l	ast day of the tax year.				Held at the	e End of the Tax Year
а	Total number of c	onservation easements			2	a	
b	Total acreage res	tricted by conservation easements	3		2	b	
С	Number of conser	vation easements on a certified	historic structure include	ed in (a) 🔒	2	c	
d	Number of conser	rvation easements included in (c	acquired after 7/25/0	6, and no	ot on a		
	historic structure I	isted in the National Register			2	d	
3	Number of conse	rvation easements modified, tra	nsferred, released, exti	nguished,	or termina	ted by the org	anization during the
	tax year 🕨						
4	Number of states	where property subject to conse	rvation easement is loca	ated 🕨 🔄			
5	Does the organiz	ation have a written policy reg	parding the periodic n	nonitoring	, inspection	, handling of	
	violations, and enf	orcement of the conservation eas	sements it holds?				Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violat	ions, and	enforcing cor	nservation easer	nents during the year
	▶						
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violatio	ns, and en	forcing cons	ervation easen	nents during the year
	▶\$						
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	quirement	ts of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, descri	be how the organization reports	conservation easemen	ts in its rev	venue and ex	pense stateme	ent and
	balance sheet, an	d include, if applicable, the text c	of the footnote to the or	ganizatior	n's financial	statements that	describes the
_		ounting for conservation easeme					
P		tions Maintaining Collections				imilar Assets	.
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, li	ne 8.		
1a	If the organizatior	elected, as permitted under FA	SB ASC 958, not to r	eport in it	s revenue s	tatement and	balance sheet works
	of art, historical t	reasures, or other similar asse Part XIII the text of the footnote	ts held for public exh	ibition, ec	ducation, or	research in fu	urtherance of public
۲							
b		n elected, as permitted under Fasures, or other similar assets he					
		ing amounts relating to these iter			., or resear		
	•	ded on Form 990, Part VIII, line 1				▶ \$;
	(iii) Assets include	d in Form 990, Part X				▶ \$;
2		n received or held works of a					
-	-	required to be reported under F					, pronee the
а						▶ .\$	5
b	Assets included in	on Form 990, Part VIII, line 1. Form 990, Part X				▶ \$	

Schedule D (Form 990) 2021

_		G HOSPITAL FO		0.1		3222343	Page 2
	rt III Organizations Maintaini	-				,	
3 a	Using the organization's acquisition collection items (check all that app Public exhibition			k any of the fol or exchange pro		nificant use	e of its
b	Scholarly research		e Other		gram		
	Preservation for future gener	rations					
C A	Provide a description of the organ		and avalain how	they further the	organization's oxomn	t nurnaca	in Dort
4	XIII.			they further the		i puipose	III Fait
5		n adjait ar ragaina a	lonations of art his	oriaal tracauraa	or other similar		
5	During the year, did the organization					Yes	No
Po	assets to be sold to raise funds rath rt IV Escrow and Custodial A		amed as part of the	organization's co	mection	Tes	
Γa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form 990, I	Part IV, line 9, c	or reported an amou	nt on Forn	n
1a	Is the organization an agent, trust	tee, custodian or o	ther intermediary f	or contributions	or other assets not		
	included on Form 990, Part X?				[Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ble:			
					Amount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, for	escrow or custod	lial account liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explanation	n has been provid	ed on Part XIII		
Ра	rt V Endowment Funds.						
	Complete if the organiza					1	
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	164,655,908.	143,701,793.	130,966,595.	136,620,451.	126,638	8,880.
b	Contributions	3,030,230.	5,819,236.	6,011,242.	894,423.	2,373	3,258.
с	Net investment earnings, gains,						
	and losses	23,223,391.	21,695,599.	13,990,511.	1,598,221.	7,53	9,150.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	6,879,769.	6,560,720.	7,266,555.	8,146,500.	- 69	9,163.
f	Administrative expenses						
g	End of year balance	184,029,760.	164,655,908.	143,701,793.	130,966,595.	136,620	0,451.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endown		_%				
b	Permanent endowment 44.9						
С	Term endowment ► 51.5000						
	The percentages on lines 2a, 2b, a						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and ad	ministered for the	N.	
	organization by:					Ye	
	(i) Unrelated organizations						X
	(ii) Related organizations					3a(ii)	X
-	If "Yes" on line 3a(ii), are the relate	•	•			3b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Y	es" on Form 990,	Part IV, line 11	a. See Form 990, Pa	art X, line	10.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis (c)	Accumulated (d) Book value	
4 -	Land	(inves	tment) (i	other) c	depreciation		
1a ⊾	Land						
b	Buildings						
C	Leasehold improvements				200 502		0.4.0
d	Equipment			888,535.	309,593.	578	,942.
e T-4	Other	(d) must say of F	m 000 Dart V!	(P) line (0-)			0.4.0
l ota	I. Add lines 1a through 1e. (Column	(u) must equal Forr	n 990, Part X, colum	т (<i>B), ппе 10</i> С.)	<u></u>	578	<u>,942.</u>

Schedule D (Form 990) 2021

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) EQUITY COMMINGLED FUNDS	144,028,354.	FMV
(B) HEDGE FUNDS	75,972,837.	FMV
(C) EQUITY	29,192,012.	FMV
(D) REAL ASSETS	15,956,992.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	265,150,195.	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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, col. (B) line 15.)	

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	4,209,665.
(3)DUE TO HOAG CLINIC	153,728.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,363,393.

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

Schedu	le D (Form 990) 2021 HOAG HOSPITAL FOUNDATION	95-3222343 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.).
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
с	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
с	Other losses	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.) 4b	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5
Part	XIII Supplemental Information.	

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS HOAG HOSPITAL FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE FINANCIAL SUPPORT FOR BOTH CURRENT AND FUTURE NEEDS OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITION UNDER ASC 740 FOOTNOTE FROM THE HMHP CONSOLIDATED AUDITED FINANCIAL STATEMENTS:

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION 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, 2021 AND 2020.

SCHEDULE F	Statement of Activities Outside the United St	ates 🕴	OMB No. 1545-0047
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.		2021
► Attach to Form 990. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection
Name of the organization Employer i			ntification number
HOAG HOSPITAL FO	95-322	22343	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on answered "Yes" on
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE		INVESTMENTS		84,171,247.
(2) EUROPE	NONE		INVESTMENTS		3,716,436.
(3)					
(4)					
_ (5)					
(6)					
_(7)					
(8)					
(9)					
<u>(</u> 10)					
<u>(11)</u>					
(12)					
<u>(13)</u>					
<u>(14)</u>					
<u>(</u> 15)					
<u>(16)</u>					
(17)					
3a Subtotal b Total from continuation	NONE				87,887,683.
sheets to Part I <u>c</u> Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	NONE	s for Form 999		Schodul	87,887,683. e F (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 32165V 2020

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Schedule F (Form 990) 2021 HOAG HOSPITAL FOUNDATION 95-3222343 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.

(c) Region

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 total number of other organizations or entities.....

(d) Purpose of

grant

(b) IRS code

section and EIN (if applicable)

(h) Description

of noncash

assistance

(g) Amount of

noncash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2021

(f) Manner of

cash disbursement

(e) Amount of

cash grant

Part II

(a) Name of

organization

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

95-3222343

Page 3

Part III can be duplicated if a	· · · · · · · · · · · · · · · · · · ·						I
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) 10)							
10) 11)							
12)							
13)							
14)							
5)							
(6)							
7)							
18)							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	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 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 Instructions for Form 5471)	X	Yes	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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	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 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 Instructions for Form 5713; don't file with Form 990)		Yes	X No	

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3, COLUMN F

ACCOUNTING METHOD

THE AMOUNTS REPORTED IN PART I, LINE 3, COLUMN F REPRESENT THE MARKET

VALUE OF THE INVESTMENTS IN THE IDENTIFIED REGIONS AS OF THE

ORGANIZATION'S FISCAL YEAR ENDED DECEMBER 31, 2021.

SCHEDULE G (Form 990)	Complete if t	Information Re	red "Yes" or	Form 990, F	Part IV, line 17, 18, or 1	-	OMB No. 1545-0047
organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service	►G	o to www.irs.gov/Form					Open to Public Inspection
Name of the organization	, ,	<u> </u>				Employer identificati	
HOAG HOSPITAL F	ΟΠΝΠΑΤΤΟΝ					95-322234	
	g Activities. Comp	lete if the organ	ization ar	nswered "	Yes" on Form 99		
	EZ filers are not re					, ,	
	the organization rais				activities. Check a	all that apply.	
a Mail solicita	•	e		•	non-government g		
	email solicitations	f			government grant		
c Phone solic		g			ising events		
d 🗌 In-person so	olicitations	·	·		0		
b If "Yes," list the compensated at	es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec (fundraise	ction with p	professional fundra ant to agreements	ising services? under which the (v) Amount paid to	Yes No fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
3							
10							
	which the organiza censing.			► d to solicit	contributions or	has been notified	l it is exempt from

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

		gross receipts greater than \$5,000	0.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			C1000 VIRTUAL E		NONE	(add col. (a) through				
-			(event type)	(event type)	(total number)	col. (c))				
Revenue										
ver	1	Gross receipts	1,110,935.			1,110,935.				
Re										
	2	Less: Contributions	1,110,935.			1,110,935.				
	3	Gross income (line 1 minus								
		line 2)								
	_									
	4	Cash prizes								
	_									
	5	Noncash prizes								
es	~									
sus	0	Rent/facility costs								
фе	7	Food and haverages								
ш	1	Food and beverages								
Direct Expenses	0	Entortainmont	17 500			17 500				
Ē	0	Entertainment	17,500.			17,500.				
	٩	Other direct expenses	02 012			02 212				
	9	Other direct expenses	93,213.			93,213.				
	10	110 712								
	11	Direct expense summary. Add lin Net income summary. Subtract lin	ne 10 from line 3 colu	imn (d)		<u> 110,713.</u> -110,713.				
Ра	rt I	Gaming. Complete if the org								
1 4		\$15,000 on Form 990-EZ, lin	le 6a.			reported more than				
ð				(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
eve										
Å	1	Gross revenue								
es	2	Cash prizes								
sus										
Direct Expenses	3	Noncash prizes								
μ										
é	4	Rent/facility costs								
Ē										
	5	Other direct expenses								
			Yes %							
	6	Volunteer labor	No	No	No					
	_									
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	~	N		4						
	8	Net gaming income summary. Su	ubtract line / from line	1, column (d)	<u></u>					
•		Frater the state (s) is which the even	onination conducto no							
9		Enter the state(s) in which the organization licensed to con-			<u></u>	Yes No				
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 										
Ĺ	,	н но, елріані								
10a		Were any of the organization's gaming	a licenses revoked sug	pended or terminated du	Iring the tax year?	Yes No				
k		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
-	-									

Schedule G (Form 990) 2021

Sched	lule G (Form 990 or 990-EZ) 2021 HOAG HOSPITAL FOUNDATION	95-32	22343	Page 3			
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	.y					
	formed to administer charitable gaming?	<u>.</u> . L	Yes	No			
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	13a		%			
b	An outside facility			%			
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and					
	Name						
	Address ►						
15 a	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						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to					
	retain the state gaming license?		Yes	No			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations							
	or spent in the organization's own exempt activities during the tax year > \$						
Par							

Department of the Treasury	N 0-		ttach to Form 990		_		Open to Public Inspection	
Internal Revenue Service Name of the organization	► Go	to www.irs.gov	/Form990 for the I	atest information	1.	Employer identifica		
·						95-3222343		
HOAG HOSPITAL FOUNDATION Part General Information on Grants a	nd Assistanc	e				95-322234.	2	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc Part II Grants and Other Assistance to 	edures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No	
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) HOAG CLINIC								
1 HOAG DR. BOX 6100 NEWPORT BEACH, CA 92658	33-0676831	501(C)(3)	1,534,403.				PROGRAMS	
(2) HOAG MEMORIAL HOSPITAL PRESBYTERIAN								
1 HOAG DR. BOX 6100 NEWPORT BEACH, CA 92658	95-1643327	501(C)(3)	26,329,091.				PROGRAM SUPPORT	
(3) JW PSYCHOLOGICAL SERVICES LLC							TEEN BRAIN PROGRAM	
3900 W COST HWY 380 NEWPORT BEACH, CA 92663	27-1355820		90,000.				SUPPORT	
(4) HOAG ORTHOPEDIC EDUCATION AND RESEARCH INST							RESEARCH ORTHOPEDIC	
280 SOUTH MAIN STREET ORANGE, CA 92868	75-3076627	501(C)(3)	1,453,126.				CARE	
(5)								
(6)	_							
(7)								
(8)	_							
(9)	_							
(10)	_							
(11)	_							
(12)	_							
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations 	•	•					· <u>3</u>	

Schedule I (Form 990) 2021

95-3222343

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, 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.

	Compensation Information Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				OMB No. 1545-0047				
(FOII	11 990)	Cor	mpensated Employees		20	21			
			on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.	open to	D Puk	blic		
	nent of the Treasury Revenue Service		990 for instructions and the latest information.		Insp				
Name	of the organization		1	Employer identification					
HOAG	G HOSPITAL	FOUNDATION		95-322234	3				
Part	Question	ns Regarding Compensation	·						
						Yes	No		
1a			ovided any of the following to or for a perso						
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.					
	First-cla	ss or charter travel	Housing allowance or residence for p	personal use					
	Travel fo	or companions	Payments for business use of person	al residence					
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	n fees					
	Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)					
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re- penses described above? If "No," com	plete Part III to					
					1b				
2	-		to reimbursing or allowing expenses D/Executive Director, regarding the items	-					
	1a?				2				
3	Indicate which	h, if any, of the following the organization	on used to establish the compensation of the	ne					
			at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa						
	Comper	nsation committee	Written employment contract						
	Indepen	dent compensation consultant	Compensation survey or study						
	·	90 of other organizations	Approval by the board or compensat	ion committee					
4	During the ye	-	Part VII, Section A, line 1a, with respect to	the filing					
а	•		ayment?		4a	х			
b			tal nonqualified retirement plan?		4b	Х			
с	-		sed compensation arrangement?		4c		Х		
	•		rovide the applicable amounts for each ite						
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.						
5	-		on A, line 1a, did the organization pay						
5	•	n contingent on the revenues of:	on A, line ra, did the organization pay	of accide any					
а		J			5a		x		
	-				5b		X		
	-	e 5a or 5b, describe in Part III.							
6			on A, line 1a, did the organization pay	or accrue any					
•		n contingent on the net earnings of:		2. accide any					
а		5			6a		х		
b					6b		X		
-	-	e 6a or 6b, describe in Part III.							
7			n A, line 1a, did the organization provi	de any nonfived					
'			escribe in Part III.		7		x		
8			paid or accrued pursuant to a contract tha						
-			Regulations section 53.4958-4(a)(3)? If						
					8		x		
9			low the rebuttable presumption procedu						
-		5			9				
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2021		

Schedule J (Form 990) 2021

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ADAM DE LA PENA-GAFKE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 FDN VP DEVELOP OPS &	(ii)	216,678.	130,250.	818.	34,000.	11,971.	393,717.	NONE
JULIE HEGGENESS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EXEC DIR PLANNED GIVI	(ii)	195,352.	52,630.	3,529.	16,472.	7,860.	275,843.	NONE
GREG GISSENDANNER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 VP DEVELOPMENT	(ii)	179,658.	218,579.	459,649.	20,408.	487.	878,781.	NONE
DANNA C GRANT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 FDN VP DONOR RELATION	(ii)	236,830.	143,687.	647.	14,500.	16,479.	412,143.	NONE
ROBERT BRAITHWAITE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 BD MBR/CEO-PRES. HMHP	(ii)	930,787.	806,400.	7,400.	201,752.	17,081.	1,963,420.	180,000.
NICOLE M BALSAMO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 FDN VP DEVELOPMENT	(ii)	187,086.	146,875.	249,636.	34,000.	14,599.	632,196.	NONE
GWEN RITTER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 EXEC DIR DEVELOPMENT	(ii)	196,170.	49,607.	13,010.	32,306.	18,905.	309,998.	NONE
FLYNN ANDRIZZI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 PRESIDENT/SVP HMHP/BD	(ii)	481,213.	435,777.	33,403.	57,682.	21,734.	1,029,809.	22,232.
CHRISTIAN WARD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 VP MAJOR GIFTS (THRU	(ii)	29,081.	140,673.	258,400.	2,539.	1,908.	432,601.	NONE
DEBRA MCCUNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 EXEC DIR STEWARDSHIP/	(ii)	193,575.	50,456.	5,210.	13,422.	11,917.	274,580.	NONE
ANGELINA MORANO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 SR DIR MAJOR GIFTS	(ii)	177,958.	39,627.	2,178.	11,967.	12,185.	243,915.	NONE
STACY C SKWARLO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 EXEC DIR DEVELOPMENT	(ii)	198,159.	39,189.	486.	18,332.	16,334.	272,500.	NONE
KENYA BECKMANN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 FORMER KEY EMPLOYEE	(ii)	439,275.	184,499.	21,104.	83,278.	29,062.	757,218.	NONE
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form	990)	2021

Part III Supplemental Information

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

SCHEDULE J, 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.

SCHEDULE J, 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.

Schedule J (Form 990) 2021

HOAG HOSPITAL FOUNDATION

95-3222343

Part ||| Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS DURING CY 2021, WITH PAYMENT

AMOUNTS INCLUDED IN OTHER REPORTABLE COMPENSATION UNDER SCHEDULE J, PART

II, COLUMN (B)(III):

GREG GISSENDANNER

NICOLE BALSAMO

CHRISTIAN WARD

SCHEDULE J, PART I, LINE 4B

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 PAYOUT DURING THE CURRENT YEAR:

Schedule J (Form 990) 2021

HOAG HOSPITAL FOUNDATION

95-3222343

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.

ROBERT BRAITHWAITE - \$180,000

FLYNN ANDRIZZI - \$22,232

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2021 **Open to Public** Inspection

Name of the organization

Employer identification number 95-3222343

поас	HUSPIIAL	FOUNDATION
TIONC	TIOCDIWAT	FOUNDATION

Par	t 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	Method of noncash cont			
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		21	416,773.	COST/SELL	TNG	PRTC	ΤE.
10	Securities - Closely held stock				0001/0111			
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential		2	1,955,000.	ADDRATCED	∆MO	TINT	
15				±,555,000.	AFFICATOED	ANO		
17	Real estate - Commercial							
18	Real estate - Other							
10 19	Collectibles							
-	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 ►()							
29	Number of Forms 8283 received				20		ът	
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29			IONE
00-			have a second with a second second	where we want and the Deniet I. I.			Yes	NO
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-						
-	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			-				
• -	contributions?					31	X	
32a	Does the organization hire or use		-	-				
_	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (For	rm 990	1) 2021

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

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 32A

THE DONATED REAL ESTATE WAS SOLD THROUGH A THIRD-PARTY REALTOR.

Department of the Treasury

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

HOAG HOSPITAL FOUNDATION

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, 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, LINE 7A

POWER TO ELECT OR APPOINT MEMBERS

THE ORGANIZATION'S MEMBERS ELECT THE DIRECTORS OF HOAG HOSPITAL

FOUNDATION.

FORM 990, PART VI, 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

H) CHANGES TO THE INVESTMENT POLICY STATEMENT AND/OR CHANGE IN THE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

PRIMARY INVESTMENT CONSULTANT RECOMMENDED BY THE INVESTMENT COMMITTEE.

FORM 990, PART VI, 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 VI, LINE 12C

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE 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

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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, LINES 15A & 15B

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 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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION.

THIS PROCESS WAS LAST COMPLETED IN APRIL 2019.

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, 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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES UBI FROM PARTNERSHIPS/LLCS \$ 114,442 CHANGE IN SPLIT INTEREST AGREEMENTS \$ 10,899,069

TOTAL

\$ 11,013,511

Name of the organization	Employer ide	Employer identification number		
HOAG HOSPITAL FOUNDATION	95-322	2343		
ORM 990, PART VII-COMPENSATION OF THE 5 HIGHE				
IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
CREATIVE SHOEBOX				
205 AVIENA DEL MAR				
SAN CLEMENTE, CA 92674	ARTWORK/DESIGN	142,860.		
NADINE FRANCIS				
777 N LAUREL AVE				
UPLAND, CA 91786	CONSULTING	103,350.		

Schedule O (Form 990 or 990-EZ) 2021

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HOAG HOSPITAL FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
SEE SUPPLEMENTAL PAGE						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

2021

Open to Public

Inspection

Employer identification number

95-3222343

OMB No. 1545-0047

JSA

Schedule R (Form 990) 2021

HOAG HOSPITAL FOUNDATION

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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.

(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging	(k) Percentage ownership
	oounnyy		,			Yes	No		Yes	No	L
											L
											<u> </u>
		Primary activity Legal domicile (state or	Primary activity Legal Direct controlling domicile entity (state or foreign	Primary activity Legal domicile domicile (state or foreign for	Primary activity Legal Direct controlling domicile entity (state or foreign foreign foreign birth fo	Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income excluded from tax under Share of total income excluded from Share of end-of- year assets	Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under Share of total income Share of end-of- year assets Disprop alloca	Primary activity Legal Direct controlling domicile Predominant entity Share of total income (related, unrelated, excluded from tax under Share of end-of- income Dispropriorate year assets variation (state or foreign country) entity income excluded from tax under income year assets	Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income (related, excluded from tax under Share of total income Share of end-of- year assets Disproportionate allocations? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity Legal Direct controlling domicile Predominant entity Share of total unrelated, excluded from foreign country) Share of total Share of end-of- income Disproportionate year assets Code V - UBI Genu amount in box 20 of Schedule K-1 (Form 1065) amount in box 20 of Schedule K-1 (Form 1065) man	Primary activity Legal Direct controlling domicile Predominant entity Share of total unrelated, excluded from foreign country) Share of total Share of end-of- income Disproportionate year assets Code V - UBI General or amount in box 20 of Schedule K-1 (Form 1065)

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	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity? Yes No
(1) SEE SUPPLEMENTAL PAGE								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

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(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE		(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
20TH STREET SURGERY LLC 73-173 SEE PART VII	AMBULATORY SU		N/A							
BRIDGEPORT MEDICAL IMAGING (BM SEE PART VII	IMAGING DIAG.	OR	N/A							
BROADWAY IMAGING, LLC 52-24059 SEE PART VII	MEDICAL IMAGI	МТ	N/A							
CENTER FOR MATERNAL, NEWBORN A SEE PART VII	HEALTHCARE	CA	N/A							
CENTER FOR MEDICAL IMAGING (CM SEE PART VII	IMAGING DIAG.	OR	N/A							
CLACKAMAS RADIATION ONCOL CENT SEE PART VII	RADIATION ONC	OR	N/A							
COASTAL ASC HOLDINGS LLC 81-09 SEE PART VII	HEALTHCARE	CA	НМНР							
COVENANT LONG-TERM CARE ,LP 20 SEE PART VII	HEALTHCARE	TX	N/A							
FULLERTON SURGICAL CENTER LP 4 SEE PART VII	AMBULATORY SU	CA	N/A							
GREATER VALLEY MEDICAL BUILDIN SEE PART VII	REAL ESTATE -	CA	N/A							

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(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
HCSA PROPERTIES LLC 46-0620892 SEE PART VII	REAL ESTATE R	WA	N/A							
HERITAGE INVESTMENT GROUP I, L SEE PART VII	INVESTMENTS	CA	N/A							
HOAG ORTHOPEDIC INSTITUTE 61-1 SEE PART VII	HEALTHCARE	CA	НМНР							
IMAGING ASSOCIATES LLC 20-3906 SEE PART VII	MEDICAL IMAGI	AK	N/A							
INLAND IMAGING, LLC 91-1855796 SEE PART VII	MEDICAL IMAGI	WA	N/A							
LSC REAL PROPERTY, LLC 47-4646 SEE PART VII	REAL ESTATE -	TX	N/A							
METHODIST DIAGNOSTIC IMAGING 7 SEE PART VII	HEALTHCARE	TX	N/A							
NEWPORT IMAGING CENTER 33-0191 SEE PART VII	HEALTHCARE	CA	НМНР							
OREGON ADVANCED IMAGING, LLC 4 SEE PART VII	MEDICAL IMAGI	OR	N/A							
OREGON OUTPATIENT SURGERY CENT SEE PART VII	AMBULATORY SU	OR	N/A							

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B) PRIMARY ACTIVITY			(E) PREDOMINANT INCOME	TOT INCOME		(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
MEDICAL IMAGI									
INVESTMENTS	WA	N/A							
REAL ESTATE -	OR	N/A							
NEONATAL CARE	WA	N/A							
MEDICAL IMAGI	AK	N/A							
INVESTMENTS	WA	N/A							
AMBULATORY SU	МТ	N/A							
AMBULATORY SU									
	CA								
- I I I I I I I I I I I I I I I I I I I	ACTIVITY MEDICAL IMAGI INVESTMENTS REAL ESTATE - NEONATAL CARE MEDICAL IMAGI INVESTMENTS AMBULATORY SU	ACTIVITY DOMICILE MEDICAL IMAGI WA INVESTMENTS WA REAL ESTATE - OR NEONATAL CARE WA MEDICAL IMAGI AK INVESTMENTS WA AMBULATORY SU CA	ACTIVITYDOMICILECONTROLLINGMEDICAL IMAGIWAN/AINVESTMENTSWAN/AREAL ESTATE -ORN/AMEDICAL IMAGIAKN/AINVESTMENTSWAN/AMEDICAL IMAGIAKN/AAMBULATORY SUCAN/A	ACTIVITY DOMICILE CONTROLLING INCOME MEDICAL IMAGI WA N/A INVESTMENTS WA N/A REAL ESTATE - OR N/A NEONATAL CARE WA N/A MEDICAL IMAGI AK N/A INVESTMENTS WA N/A AMBULATORY SU CA N/A	ACTIVITY DOMICILE CONTROLLING INCOME TOT INCOME MEDICAL IMAGI WA N/A	ACTIVITY DMICILE CONTROLLING INCOME TOT INCOME NEDICAL INAGI NA N/A INVESTMENTS NA N/A INVESTMENTS NA N/A INVA INVA NEONATAL CARE NA N/A INVA INVESTMENTS NA INVESTMENTS NA N/A INVA INVESTMENTS NA INVESTMENTS NA N/A INVA INVESTMENTS NA AMBULATORY SU CA N/A INVA INVA	ACTIVITY DOMICILE CONTROLLING INCOME DT INCOME YES NO	ACTIVITY DMICLIE CONTROLLING INCOME TOT INCOME YES NO	ACTUVITY DMICILI CONTROLLING INCOM TOT INCOM VES NO VES NO MEDICAL IMAGI MA N/A NA NA

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(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT	(E) PREDOMINANT INCOME	TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
RADIATION THERAPY INNOVATIONS, SEE PART VII	HEALTHCARE	WA	N/A							
SANTA ANA MOB, LLC 75-3205306 SEE PART VII	REAL ESTATE -	CA	N/A							
SJO ASC HOLDINGS LLC 82-165550 SEE PART VII	HEALTHCARE	CA	N/A							
ST JOSEPH PHYSICIAN VENTURES I SEE PART VII	REAL ESTATE	CA	N/A							
ST. JOSEPH/SATELLITE DIALYSIS SEE PART VII	HEALTHCARE	CA	N/A							
ST. JUDE SURGICAL CENTERS, LLC SEE PART VII	AMBULATORY SU	CA	N/A							
SURGERY CENTER AT TANASBOURNE, SEE PART VII	AMBULATORY SU	KS	N/A							
TARZANA PEDIATRIC VENTURES LLC SEE PART VII	HEALTHCARE	CA	N/A							
THE MADISON SPOKANE INN, LLC 8 SEE PART VII	HOTEL SERVICE	WA	N/A							
MISSION VIEJO PARTNERS II, LLC SEE PART VII	REAL ESTATE -	СА	MHRMC							

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(A) NAME/ADDRESS/EIN	B) PRIMARY (C)LEGAL	(D) DIRECT	(E) PREDOMINANT	(F) SHARE OF	(G) SHARE EOY	(H)DISPROPORTIONATE	(I) CODE V-UBI	(J) PARTNER	(K) %
	ACTIVITY D	OMICILI	E CONTROLLING	INCOME	TOT INCOME		YES NO		YES NO	OWNERSHIP
CANBY MEDICAL CENTER I, LLC										
SEE PART VII	REAL ESTATE	OR	PHS OR							
CSS JV, LLC										
SEE PART VII	AMBULATORY SRGY	OR	PHS OR							
FIRST HILL SURGERY CENTER, LLC										
SEE PART VII	AMBULATORY SRGY	WA	SHS							
NORTH OC IMAGING JV HOLDINGS,										
SEE PART VII	HEALTHCARE	CA	SJMC							
PERFORMANCE MED. EQUIP. & RESP										
SEE PART VII	MEDICAL EQUIPMENT	WA	SHS							
ST. PETER-SOUTH SOUND REGIONAL										
SEE PART VII	MEDICAL IMAGING	WA	PHS WA							
WON-ONC, LLC										
SEE PART VII	REAL ESTATE	WA	PHS WA							
PROVIDENCE & SCA OFF-CAMPUS HO										
SEE PART VII	MEDICAL	AL	PHS OR							
PROVIDENCE & SCA ON-CAMPUS HOL										
SEE PART VII	MEDICAL	AL	PHS OR							
COMPREHENSIVE IMAGING PARTNERS										
SEE PART VII	HEALTHCARE	CA	SJO							

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) OWNERSHIP	SEC 512(B)(13) YES NO
1221 MADISON STREET OWNERS ASSOC. 20-195 747 BROADWAY SEATTLE, WA 98122	4319 OWNERS' ASSOC	WA N/A	C-CORP				
AMERICAN UNITY GROUP, LTD N/A 90 PITTS BAY ROAD PEMBROKE, BD HM08	CAPTIVE INSUR	BD N/A	C-CORP				
AYIN HEALTH SOLUTIONS, INC. 83-303 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 9805		DE N/A	C-CORP				
BOURGET HEALTH SERVICES, INC. 91-135 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99220	4431 CLIN/MED LAB	WA N/A	C-CORP				
CARON HEALTH CORPORATION 81-048 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 9805'		MT N/A	C-CORP				
COMMUNITY TECHNOLOGIES, INC. 84-472 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057		DE N/A	C-CORP				
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 95-288 1301 20TH ST STE 280 SANTA MONICA, CA 90404)495 HEALTHCARE	CA N/A	C-CORP				
HOAG MANAGEMENT SERVICES, INC 33-073 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	1587 HEALTHCARE	CA N/A	C-CORP				
HOAG PHYSICIAN PARTNERS 83-427 16148 SAND CANYON AVE IRVINE, CA 92618	5044 HEALTHCARE	CA N/A	C-CORP				
LUBBOCK METHODIST HOSP PRACTICE MGMT 75-257 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 9805'		TX N/A	C-CORP				

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (] OWNERSHIP	:) SEC 512(1 YES 1	
LUBBOCK METHODIST HOSPITAL SVCS 75-211858 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TX	N/A	C-CORP					
LUMEDIC, INC. 83-388109 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	7 HEALTHCARE	WA	N/A	C-CORP					
MEDIREVV INC. 20-878376. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	B HEALTHCARE	DE	N/A	C-CORP					
MISSION VIEJO MEDICAL VENTURES 33-0212909 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C-CORP					
PERFORMANCE HEALTH TECHNOLOGY, LTD. 93-121173: 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302	HEALTHCARE	OR	N/A	C-CORP					
PHN HOLDINGS 46-1814184 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	I STRAT PLAN SV	CA	N/A	C-CORP					
PIONEER INNOVATIONS, INC. 36-481819: 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTH INNOVA	WA	N/A	C-CORP					
PROVIDENCE ASSURANCE INC. 20-819407 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	CAPTIVE INSUR	AZ	N/A	C-CORP					
PROVIDENCE GLOBAL CENTER LLP 98-151646: 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	IT SVCS	IN	N/A	C-CORP					
PROVIDENCE HEALTH CARE VENTURES, INC. 90-015571- 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99204	CLIN/MED LAB	WA	N/A	C-CORP					

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(A) NAME/ADDRESS/EIN		(B) PRIMARY ACTIVITY	(C)LEGAL	(D) DIRECT E CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I OWNERSHIP) SEC 512(B)(13) YES NO
PROVIDENCE HEALTH NETWORK 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	80-0886966 WA 98057	PREPAID HEALT	CA	N/A	C-CORP				
PROVIDENCE HEALTH VENTURES, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	33-0122216 WA 98057	INVESTMENT	CA	N/A	C-CORP				
PROVIDENCE PHYSICIAN SERVICES CO 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99204	91-1216033	HEALTHCARE	WA	N/A	C-CORP				
PROVIDENCE ST. JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503	82-3771547	HEALTHCARE	CA	N/A	C-CORP				
ST. JOSEPH HEALTH 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	46-2340232 WA 98057	HOLDING COMPA	CA	N/A	C-CORP				
ST. JOSEPH HEALTH SOURCE, INC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	46-1900168 WA 98057	HEALTHCARE	CA	N/A	C-CORP				
ST. JOSEPH PROF SVCS. ENTERPRSES, INC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	33-0155323 WA 98057	HEALTHCARE	CA	N/A	C-CORP				
VINSERRA, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	95-3943315 WA 98057	INVESTMENT	CA	N/A	C-CORP				
TEGRIA SERVICES GROUP-US, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	90-0872936 WA 98057	HEALTHCARE	WI	N/A	C-CORP				
TEGRIA RCM GROUP, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	84-4686520 WA 98057	HOLDING COMPA	DE	N/A	C-CORP				

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(A) NAME/ADDRESS/EIN		(B) PRIMARY ACTIVITY	(C)LEGAL	(D) DIRECT E CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I OWNERSHIP) SEC 512(B)(13) YES NO
TEGRIA SERVICES GROUP, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	84-4704409 WA 98057	HOLDING COMPA	DE	N/A	C-CORP				
TEGRIA HOLDINGS LLC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON,	84-2092143 WA 98057	HOLDING COMPA	DE	N/A	C-CORP				
QUIVIQ, INC. 1400-112TH AVENUE ST. SUITE 100 BELLEVUE, WA	83-3879444 98004	ANALYTICS	WA	N/A	C-CORP				
ACCLARA SOLUTIONS INTERMEDIATE LLC 10713 W. SAM HOUSTON PKWY N. #500 HOUSTON, T	37-1783298 X 77064	FINANCIAL SVC	TX	N/A	C-CORP				
MEDICAL SPECIALTIES MANAGERS, INC. 1801 LIND AVE., SW RENTON, WA 98057	33-0406218	HEALTHCARE	WA	N/A	C-CORP				
HMR WEIGHT MANAGEMENT SERVICES CORP. 1801 LIND AVE. RENTON, WA 98057	46-3598718	RESEARCH	WI	N/A	C-CORP				
ACCLARA SOLUTIONS GROUP LLC 10713 W. SAM HOUSTON PKWY N. #500 HOUSTON, T		HOLDING COMPANY	TX	N/A	C-CORP				
COLBURN HILL GROUP, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA	86-3383433 95057	HEALTHCARE	DE	N/A	C-CORP				
KENSCI, INC 615 2ND AVE #700 SEATTLE, WA 98104	47-4048082	HEALTHCARE	WA	N/A	C-CORP				
KENSCI TECH INDIA PRIVATE LIMITED 615 2ND AVE #700 SEATTLE, WA 98104		HEALTHCARE	IN	N/A	C-CORP				

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(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICIL	(D) DIRECT E CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) OWNERSHIP	SEC 512(B)(13) YES NO
KENSCI ASIA PACIFIC PTE LTD. 615 2ND AVE #700 SEATTLE, WA 98104	HEALTHCARE	SN	N/A	C-CORP				
TEGRIA INSIGHTS GROUP HOLDINGS, INC 86-1400769 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	WA	N/A	C-CORP				
TEGRIA INSIGHTS GROUP, INC. 86-1532593 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WA	N/A	C-CORP				
TEGRIA PRODUCTS GROUP, INC 87-0995138 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C-CORP				
TEGRIA RCM GROUP US, INC 86-3046450 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C-CORP				
TEGRIA SERVICES GROUP-CAN, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CA	N/A	C-CORP				
HOAG ORTHOPEDIC NETWORK 83-4062064 ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP				

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_		Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a		Х		
b	Gift, grant, or capital contribution to related organization(s)		1b	Х			
С	Gift, grant, or capital contribution from related organization(s).		1c		Х		
	Loans or loan guarantees to or for related organization(s)		1d		Х		
е	Loans or loan guarantees by related organization(s)		1e		Х		
f	Dividends from related organization(s)		1f		Х		
g			1g		Х		
h	Purchase of assets from related organization(s)		1h		Х		
i	Exchange of assets with related organization(s).		1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s).		1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	Х			
Т	Performance of services or membership or fundraising solicitations for related organization(s)		11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		Х		
	Sharing of paid employees with related organization(s)		10		Х		
p	Reimbursement paid to related organization(s) for expenses.		1p	x			
-	Reimbursement paid by related organization(s) for expenses		1q		Х		
r	Other transfer of cash or property to related organization(s)		1r		Х		
s	Other transfer of cash or property from related organization(s).		1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		holds	s. '			
	(a) (b) (c)		(d)				
	Name of related organization Transaction Amount involved Me type (a-s) type (ethod of amoun			g		
	iyhe (a_2)	anoun	11170	iveu			

(1) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	В	26,329,091.	ACCRUAL
		1 524 402	A CODUAL
(2) HOAG CLINIC	B	1,534,403.	ACCRUAL
(3) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	К	1,014,247.	ACCRUAL
(4) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Р	11,621,282.	ACCRUAL
(5)			
(6)			
JSA		Sc	hedule R (Form 990) 2021

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) Legal domicile (state or foreign country)	from tax under	sec 501(organiz	tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	tner?	ownership
			sections 512 - 514)	Yes	No			Yes	No	(,	Yes	No	
	-												
	-												
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Schedule R (Form 990) 2021

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

20TH STREET SURGERY LLC

EIN: 73-1735618

ADDRESS: 1301 20TH STREET, STE 140, SANTA MONICA, CA 90404

BRIDGEPORT MEDICAL IMAGING (BMI)

EIN: 26-0796953

ADDRESS: 4400 NE HALSEY, #495 PORTLAND, OR 97213

BROADWAY IMAGING, LLC

EIN: 52-2405971

ADDRESS: PO BOX 4587, MISSOULA, MT 59806-4587

CANBY MEDICAL CENTER I, LLC

EIN: 20-5470937

ADDRESS: 4800 SW MACADAM AVE., STE 120, PORTLAND, 97239

CENTER FOR MATERNAL, NEWBORN AND CHILD

EIN: 81-3526875

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

CENTER FOR MEDICAL IMAGING (CMI)

EIN: 20-0477972

ADDRESS: 4400 NE HALSEY ST., BLDG. II, #495 PORTLAND, OR 97213

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

CLACKAMAS RADIATION ONCOLOGY CENTER, LLC

EIN: 26-0381897

ADDRESS: 4400 NE HALSEY ST., BLDG. II, #495 PORTLAND, OR 97213

COASTAL ASC HOLDINGS LLC

EIN: 81-0986844

ADDRESS: ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658

COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY

EIN: 26-4591502

ADDRESS: ONE CITY BLVD W STE 100, ORANGE, CA 92868

COVENANT LONG-TERM CARE, LP

EIN: 20-5033419

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

CSS JV, LLC

EIN: 26-3638838

ADDRESS: 11782 SW BARNES ROAD, STE 200 BLDG C, PORTLAND, OR, 97225

FIRST HILL SURGERY CENTER, LLC

EIN: 47-2066485

ADDRESS: 1101 MADISON STREET STE 200, SEATTLE, WA, 98104

FULLERTON SURGICAL CENTER LP

EIN: 47-0927394

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057
GREATER VALLEY MEDICAL BUILDING, L.P.
EIN: 95-4570858
ADDRESS: 501 S. BUENA VISTA ST. BURBANK, CA 91505
HCSA PROPERTIES LLC
EIN: 46-0620892
ADDRESS: 1600 M STREET NW AUBURN, WA 98001

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

HOAG HOSPITAL FOUNDATION

HERITAGE INVESTMENT GROUP I, LLC

EIN: 27-1000061

Schedule R (Form 990) 2021

Supplemental Information

Part VII

ADDRESS: 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868

HOAG ORTHOPEDIC INSTITUTE

EIN: 61-1588294

ADDRESS: 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658

IMAGING ASSOCIATES LLC

EIN: 20-3906048

ADDRESS: 3650 PIPER STREET, STE A, ANCHORAGE, AK 99508

INLAND IMAGING, LLC

EIN: 91-1855796

ADDRESS: 801 S. STEVENS ST., SPOKANE, WA 99204

LSC REAL PROPERTY, LLC

EIN: 47-4646059

ADDRESS: 2301 QUAKER AVENUE, LUBBOCK, TX, 79410

METHODIST DIAGNOSTIC IMAGING

EIN: 75-2343261

ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410

MISSION VIEJO PARTNERS II, LLC

EIN: 82-3943675

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

NEWPORT IMAGING CENTER

EIN: 33-0191776

ADDRESS: 360 SN MIGUEL, NEWPORT BEACH, CA 92660

NORTH OC IMAGING JV HOLDINGS, LLC

EIN: 85-2444305

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA, 98057

OREGON ADVANCED IMAGING, LLC

EIN: 45-0471748

ADDRESS: 881 O'HARE PARKWAY, MEDFORD, OR 97504

OREGON OUTPATIENT SURGERY CENTER

EIN: 22-3883387

ADDRESS: 7300 SW CHILDS ROAD, TIGARD, OR 97224

Schedule R (Form 990) 2021

Provide additional information for responses to questions on Schedule R. See instructions. PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN: 20-3132044 ADDRESS: 1221 MADISON STREET SEATTLE, WA 98104 PERFORMANCE MEDICAL EQUIPMENT & RESPIRATORY SERVICES, LLC EIN: 45-2901632 ADDRESS: 19625 62ND AVENUE SOUTH, SUITE 101, KENT, WASHINGTON 98032 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN: 81-2701056 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROV. RADIATION ONCOLOGY DEVELOP. ASSN., LLC EIN: 26-0682491 ADDRESS: 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROVIDENCE & SCA OFF-CAMPUS HOLDINGS, LLC EIN: 82-3765555 569 BROCKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209 PROVIDENCE & SCA ON-CAMPUS HOLDINGS, LLC EIN: 82-3270499 569 BROCKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209 PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN: 47-0918549

HOAG HOSPITAL FOUNDATION

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

Schedule R (Form 990) 2021

Supplemental Information

Part VII

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

PROVIDENCE IMAGING CENTER JOINT VENTURE

EIN: 92-0118807

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

PROVIDENCE SURGERY CENTER, LLC

EIN: 84-1401625

ADDRESS: 902 N. ORANGE ST MISSOULA, MT 59802

PROVIDENCE UCLA USP SURGERY CENTER JV

EIN: 32-0503030

14201 DALLAS PARKWAY, DALLAS, TX 75254

PROVIDENCE/USP SOUTH BAY SURGERY CENTERS

EIN: 47-5064486

ADDRESS: 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001

PROVIDENCE/USP SURGERY CENTERS, LLC

EIN: 20-0684116

ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345

RADIATION THERAPY INNOVATIONS, LLC

EIN: 30-0553035

Part VII Supplemental Information

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

ADDRESS: 1221 MADISON STREET, 1ST FL, SEATTLE, WA 98104

SANTA ANA MOB, LLC

EIN: 75-3205306

ADDRESS: 1800 QUAIL STREET, STE 100, NEWPORT BEACH, CA 92660

SJO ASC HOLDINGS LLC

EIN: 82-1655501

ADDRESS: 1140 W. LA VETA AVE ORANGE, CA 92868

ST JOSEPH PHYSICIAN VENTURES I, LLC

EIN: 45-4521884

ADDRESS: 1100 WEST STEWART DRIVE, ORANGE, CA 92868

ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC

EIN: 81-4657391

ADDRESS: 300 SANTANA ROW, SUITE 300 SAN JOSE, CA 95128

ST. JUDE SURGICAL CENTERS, LLC

EIN: 82-3352570

ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057

ST. PETER-SOUTH SOUND REGIONAL MRI CENTER

EIN: 91-1455338

ADDRESS: 3417 ENSIGN RD NE, OLYMPIA, WA, 98506

SURGERY CENTER AT TANASBOURNE, LLC

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

EIN: 20-8187971

ADDRESS: 11221 ROE AVE., STE 300, LEAWOOD, KS 66211

TARZANA PEDIATRIC VENTURES LLC

EIN: 82-1308306

ADDRESS: 18321 CLARK ST, TARZANA, CA 91356

THE MADISON SPOKANE INN, LLC

EIN: 84-1606484

ADDRESS: 15 WEST ROCKWOOD BLVD. SPOKANE, WA 99204

WON-ONC, LLC

EIN: 26-2181194

ADDRESS: 1900 COOKS HILL RD, CENTRALIA, WA, 98531

Part VII Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) I	JEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
COLEMANE A CO	61-1573313					
COVENANT ACO 1801 LIND AVE SW ATTN TAX DEPT						
1001 HIND AVE SW ATTA TAA DEFT	HEALTHCARE	TX	501(C)(3)	12, I	CHS	х
COVENANT HEALTH NETWORK, INC	46-1259908					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 HEALTHCARE	CA	501(C)(3)	12, III	SJHS	х
COVENANT HEALTH PARTNERS	46-3516417					
1801 LIND AVE SW ATTN TAX DEPT						
	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Х
COVENANT HEALTH SYSTEM	75-2765566					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 HEALTHCARE	TX	501(C)(3)	3	SJHS	x
			001(0)(0)	5	Solid	
COVENANT HEALTH SYSTEM FOUNDATI						
3623 22ND PLACE	LUBBOCK, TX 79410 HEALTHCARE	TX	501(C)(3)	7	CHS	x
COVENANT MEDICAL CENTER	82-2913146					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	х
COVENANT MEDICAL GROUP	75-2743883					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 HEALTHCARE	TX	501(C)(3)	3	CHS	x
EVERETT TRANSITIONAL CARE SERVI PO BOX 5128	CES 94-3264605 EVERETT, WA 98206					
	TRANS. CARE	WA	501(C)(3)	10	N/A	х
GAMELIN WASHINGTON ASSOCIATION	20-1910170					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	х
GLOBAL TO LOCAL HEALTH INITIATI						
2800 SOUTH 192ND ST. #104	SEATAC, WA 98188	ШZ	501(0)(2)	7	cuc	v
	HEALTHCARE	WA	501(C)(3)	7	SHS	х

Part VII

HITS, INC. 1000 DELUG, PO DOX 0100 1000000 HEACUI CA 93090 10000 DELUG, PO DOX 0100 1000000 HEACUI CA 93090 10000 DEUKES CTR DR, STE 195 INFUENC, CA 93090 10000 DEUKES, DO DOX 0100 1000000 1000000 1000000000000000	(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) LEC	SAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
I NAME DENVE, PO DON S100 NEWORF BEACH, CA 292653 NALLINGARE CA SOL(3) 12, 1 MINP K A 2020 2001 DUSINESS CITE DR, STE 15 INVIRG, CA 29265 SUBJOURNESS CITE DR, STE 15 INVIRG, CA 29265 SUBJOURNESS CITE DR, STE 15 INVIRG, CA 29265 NEWORF BEACH, CA 29265 NEWORF SC 2010 NEWORF SC 2010 NEWOR	HMTS, INC.	45-3583707					
HOM GUENT SPORTS CARRY SPORTS 12 100 100 100 100 100 100 100 100 100							
2021 BUSINESS CTE DE, STE IPS INVINE, CA 92612 SUPPORT CA 501(2)(3) 7 BRF X HOAG DERIVE, PO BOX 6100 NEWFORT BRACK, CA 92658 1 HOAG DERIVE, PO BOX 6100 NEWFORT BRACK, CA 92658 CA 501(2)(3) 10 HEHP X HOAG DERIVE PO BOX 6100 NEWFORT BRACK, CA 92658 CA 501(2)(3) 3 CEN X HOAG DERIVE PO BOX 6100 NEWFORT BRACK, CA 92658 CA 501(2)(3) 3 CEN X HOAG DERIVE PO BOX 6100 NEWFORT BRACK, CA 92658 CA 501(2)(3) 3 CEN X HOAG DERIVE PO BOX 6100 NEWFORT BRACK, CA 92659 CA 501(2)(3) 10 CHS CHS X HEALTHCARE 05-1171 HEALTHCARE 7 CENTOR, NA 98057 HEALTHCARE 75 SUPPORT 10 CHS 91-4261320 HOAG DERIVE PO BOX 6100 NEWFORT BRACK, CA 92659 HEALTHCARE 8 B1-4260130 HOAG DERIVE PO BOX 9100 CHS 91-4261320 HOAG DERIVE PO BOX 9100 NEWFORT BRACK, CA 92659 HEALTHCARE 7 SUPPORT 10 CHS 90 FOR 10 CHS 7 CH		HEALTHCARE	CA	501(C)(3)	12, I	HMHP	Х
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HOAG CLINIC 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEMPORT BEACH, CA 93658 HEALTHCARE CA 501(C)(3) 10 HOMP X HOMM MEMORIAL HOSPITAL PERSEVITERIAM 95-1643137 ONE HOAG DRIVE PO BOX 6100 NEMPORT BEACH, CA 92658 HEALTHCARE CA 501(C)(3) 3 CHN X HOSSITCE OF LUBBOCK 75-2133781 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 7X 501(C)(3) 10 CHS X HEALTHCARE 7X 501(C)(3) 7X HEACTHCARE 7X HEALTHCARE 7X 501(C)(3) 7X HEC X SALINT JOHN'S CANCER HISTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 7X 501(C)(3) 7X HEC X SALINT JOHN'S CANCER HISTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 7X 501(C)(3) 4 PSHC X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 SUPPORT 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 7X 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1801 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 7X 7X 501(C)(3) 12, 111 KNNC 7X KADLEC AUXILIARY, INC. 91-603059 1802 LIND AVE SW ATTN TAX DEFT RENTON, WA 98057 HEALTHCARE 10 SUPPORT 10 KN 90057 HEALTHCARE 10 SUPPORT 10 KN 750050 HEALTHCARE 10 KN 750050 HEALTHCARE 10 SUPPORT 10 KN	2081 BUSINESS CTR DR, STE 195	IRVINE, CA 92612					
1 HOAD DEIVE, PO BOX 6100NEWEORT BEACH, CA 92653 HEALTHCARECA501(C)(3)10MHHPXHOAD DEIVE PO BOX 6100NEWEORT BEACH, CA 92653 HEALTHCARECA501(C)(3)3CHNXHOSSPICE OF LUBBOCK 1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETX501(C)(3)10CHSX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETX501(C)(3)PFPHS/SJHSX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)PFPHS/SJHSX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)PFPHS/SJHSX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)PFPHS/SJHSX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)7NHCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)7NHCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)7NHCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)12, IIIKRCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)12, IIIKRCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 HEALTHCARETA501(C)(3)12, IIIKRCX1001 LIND AVE SW ANTEN TAX DEFT RENTOR, WA 98057 SUFFORTTA501(C)(3)12		SUPPORT	CA	501(C)(3)	7	HHF	Х
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HEALTHCARECA501 (C) (3)3CMXHOSPICE OF LUBBOCK75-2133781 HEALTHCARETx501 (C) (3)10CHSx1001 LIND AVE SN ATTN TAX DEPTRENTON, KA 98057 HEALTHCARETx501 (C) (3)10CHSx1001 LIND AVE SN ATTN TAX DEPT81-4260130 HEALTHCAREMa501 (C) (3)PFPHS/SJHSx1001 LIND AVE SN ATTN TAX DEPT91-2003593 HEALTHCAREMa501 (C) (3)7WHCx1001 LIND AVE SN ATTN TAX DEPT91-2003593 HEALTHCAREMa501 (C) (3)7WHCxSAINT JOHN'S CANCER INSTITUTE95-4291515 HEALTHCAREGA501 (C) (3)4PSJHCxSAINT JOHN'S CANCER INSTITUTE95-4291515 HEALTHCAREGA501 (C) (3)4PSJHCxSAINT JOHN'S CANCER INSTITUTE91-6033089 SUPPORTGA501 (C) (3)4PSJHCxKAELEC AUXILIARY, INC. BUSI LIND AVE SN ATTN TAX DEPT91-6033089 SUPPORTMa501 (C) (3)12, IIIKHNCxKAELEC FOUNDATION SUPPORT23-7005501 RICHLAND, WA 99352XXXXX	HOAG MEMORIAL HOSPITAL PRESBYT	ERIAN 95-1643327					
HOSPICE OF LUEBOCK 75-2133781 1801 LIND AVE SW ATIN TAX DEPT RENTON, WA 98057 HEALTHCARE TX 501(C)(3) 10 CHS X INSTITUTE FOR MENTAL HEALTH & WELLNESS 81-4260130 1801 LIND AVE SW ATIN TAX DEPT RENTON, WA 98057 HEALTHCARE WA 501(C)(3) PF PHS/SJHS X INSTITUTE FOR SYSTEMS BIOLOGY 91-2003593 1801 LIND AVE SW ATIN TAX DEPT RENTON, WA 98057 HEALTHCARE WA 501(C)(3) 7 WEC X SAINT JOHN'S CANCER INSTITUTE 95-4291515 1801 LIND AVE SW ATIN TAX DEPT RENTON, WA 98057 HEALTHCARE CA 501(C)(3) 4 PSJHC X KADLEC AUXILIARY, INC. 91-6033089 1801 LIND AVE SW ATIN TAX DEPT RENTON, WA 98057 MA 501(C)(3) 12, III KRMC X	ONE HOAG DRIVE PO BOX 6100	NEWPORT BEACH, CA 92658					
1801 LIND AVE SN ATTN TAX DEPT HEALTHCARETX501(C)(3)10CHSXINSTITUTE FOR MENTAL HEALTH & WELLNESS 81-4260130 1801 LIND AVE SN ATTN TAX DEPT HEALTHCARENA501(C)(3)PFPHS/SJHSXINSTITUTE FOR SYSTEMS BIOLOGY 1801 LIND AVE SN ATTN TAX DEPT RENTON, NA 98057 HEALTHCARE91-203593 NA501(C)(3)7WHCXSAINT JOHN'S CANCER INSTITUTE 1801 LIND AVE SN ATTN TAX DEPT RENTON, NA 98057 HEALTHCARE95-4291515 CA501(C)(3)7WHCXSAINT JOHN'S CANCER INSTITUTE 1801 LIND AVE SN ATTN TAX DEPT RENTON, WA 98057 1801 LIND AVE SN ATTN TAX DEPT RENTON, WA 98057 SUPPORTCA501(C)(3)4PSHCXKADLEC AUXLLIARY, INC. 1001 LIND AVE SN ATTN TAX DEPT SUPPORT91-6033089 NA501(C)(3)12, IIIKRMCXKADLEC FOUNDATION 88 SNIFT ELVD23-700501 RICHLAND, NA 99352XXXX		HEALTHCARE	CA	501(C)(3)	3	CHN	Х
HEALTHCARETX501(C)(3)10CHSXINSTITUTE FOR MENTAL HEALTH & WELLNESS81-4260130 HEALTHCARENA501(C)(3)PFPHS/SJHSXINSTITUTE FOR SYSTEMS BIOLOGY91-2003593 HEALTHCARENA501(C)(3)PFPHS/SJHSXINSTITUTE FOR SYSTEMS BIOLOGY91-2003593 HEALTHCARENA501(C)(3)7NHCXINSTITUTE FOR SYSTEMS BIOLOGY91-2003593 HEALTHCARENA501(C)(3)7NHCXINSTITUTE FOR SYSTEMS BIOLOGY91-2003593 HEALTHCARENA501(C)(3)4PSHCXINSTITUTE FOR SYSTEMS BIOLOGY91-6033089 SUPPORTNA501(C)(3)4PSHCXINDIA AVE SW ATTIT TAX DEFT91-6033089 SUPPORTNA501(C)(3)12, 111KRMCXINDIA AVE SW ATTIT TAX DEFT23-7005501 RUPORTNA501(C)(3)12, 111KRMCX	HOSPICE OF LUBBOCK	75-2133781					
INSTITUTE FOR MENTAL HEALTH & WELLNESS 81-4260130 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE WA 501C) JPF PHS/SJHS X 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE 95-4291515 1801 LIND AVE SW ATTN TAX DEPT PS-4291515 1801 LIND AVE SW ATTN TAX DEPT P	1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
1801 LIND AVE SW ATTN TAX DEPTRENTON, WA 98057 HEALTHCAREWA501(C)(3)PFPHS/SJHSXINSTITUTE FOR SYSTEMS BIOLOGY91-2003593 RENTON, WA 98057 HEALTHCARENA501(C)(3)7WHCXSAINT JOHN'S CANCER INSTITUTE95-4291515 RENTON, WA 98057 HEALTHCARENA501(C)(3)4PSJHCXSAINT JOHN'S CANCER INSTITUTE95-4291515 RENTON, WA 98057 HEALTHCARECA501(C)(3)4PSJHCXSAINT JOHN'S CANCER INSTITUTE91-603089 RENTON, WA 98057 SUPPORTNA501(C)(3)12, IIIKRMCXKADLEC FOUNDATION 888 SWIFT BLVD23-7005501 RICHLARD, KA 99352NA501(C)(3)12, IIIKEMCX		HEALTHCARE	TX	501(C)(3)	10	CHS	Х
HEALTHCARE NA 501(C) PF PHS/SHS 201000 X INSTITUTE FOR SYSTEMS BIOLOGY 191-2003593 1801 LIND AVE SWATTN TAX DEPT 191-2003597 HEALTHCARE NA 98057 1801 LIND AVE SWATTN TAX DEPT 195-4291515 1801 LIND AVE SWATTN TAX DEPT 195-4291515 HEALTHCARE CA 501(C) 4 PSHC 195-429151 HEALTHCARE CA 501(C) 4 PSHC 2000 X SUPPORT 101 101 101 101 101 101 101 101 101 10	INSTITUTE FOR MENTAL HEALTH & V	WELLNESS 81-4260130					
INSTITUTE FOR SYSTEMS BIOLOGY 91-2003593 RENTON, WA 98057 HEALTHCARE WA 501(C) (3) 7 WHC x SAINT JOHN'S CANCER INSTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEPT 95-429157 HEALTHCARE CA MA 501(C) (3) 4 PSJHC x KADLEC AUXILIARY, INC. 91-603089 1801 LIND AVE SW ATTN TAX DEPT 91-603089 1801 LIND AVE SW ATTN TAX DEPT 91-603089 1801 LIND AVE SW ATTN TAX DEPT 10-00000 KENTON, WA 98057 SUPPORT WA 501(C) (3) 12, III KRMC X	1801 LIND AVE SW ATTN TAX DEPT						
1801 LIND AVE SW ATTN TAX DEPTRENTON, WA 98057 HEALTHCARENA501(C) (3)7NHCxSAINT JOHN'S CANCER INSTITUTE95-4291515 RENTON, WA 98057 HEALTHCARESA501(C) (3)4PSJHCxKADLEC AUXILIARY, INC.91-6033089 RENTON, WA 98057 SUPPORTNA501(C) (3)12, IIIKRMCxKADLEC FOUNDATION 888 SWIFT BLVD23-7005501 RICHLAND, WA 99352SUPPORTSUPPORTSUPPORTSUPPORT		HEALTHCARE	WA	501(C)(3)	PF	PHS/SJHS	Х
HEALTHCARE NA 501(C) (3) 7 NHC X SAINT JOHN'S CANCER INSTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE CA 501(C) (3) 4 PSJHC x SUPPORT 91-6033089 1801 LIND AVE SW ATTN TAX DEPT 91-6033089 SUPPORT 91-6033089 NA 501(C) (3) 12, III KMC 24, X SUPPORT 12, III KMC 23-700501 RENTON, WA 99352	INSTITUTE FOR SYSTEMS BIOLOGY	91-2003593					
SAINT JOHN'S CANCER INSTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEPT PENTON, WA 98057 HEALTHCARE CA 501(C)(3) 4 PSJHC X KADLEC AUXILIARY, INC. 91-6033089 1801 LIND AVE SW ATTN TAX DEPT PI-6033089 SUPPORT NA 98057 SUPPORT NA 501(C)(3) 12, III KRMC X	1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
1801 LIND AVE SW ATTN TAX DEPTRENTON, WA 98057 HEALTHCARECA501(C) (3)4PSJHCxKADLEC AUXILIARY, INC.91-6033089 RENTON, WA 98057 SUPPORT91-6033089 RENTON, WA 98057 SUPPORTWA501(C) (3)12, IIIKRMCxKADLEC FOUNDATION 888 SWIFT BLVD23-7005501 RICHLAND, WA 9935223-7005501 RICHLAND, WA 9935212, IIIKRMCX		HEALTHCARE	WA	501(C)(3)	7	WHC	Х
HEALTHCARECA501(C)(3)4PSJHCXKADLEC AUXILIARY, INC.91-6033089 RENTON, WA 98057 SUPPORTNA501(C)(3)12, IIIKRMCXKADLEC FOUNDATION 888 SWIFT BLVD23-7005501 RICHLAND, WA 99352SUPPORTSUPPORTSUPPORTSUPPORTSUPPORTSUPPORT	SAINT JOHN'S CANCER INSTITUTE	95-4291515					
KADLEC AUXILIARY, INC. 91-6033089 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SUPPORT WA 501(C)(3) 12, III KRMC X KADLEC FOUNDATION 23-7005501 888 SWIFT BLVD RICHLAND, WA 99352	1801 LIND AVE SW ATTN TAX DEPT						
1801 LIND AVE SW ATTN TAX DEPTRENTON, WA 98057WA501(C) (3)12, IIIKRMCXKADLEC FOUNDATION23-700550123-7005501KICHLAND, WA 99352KICHLAND, SUBSCIKICHLAND, SUBSCI<		HEALTHCARE	CA	501(C)(3)	4	PSJHC	Х
SUPPORT WA 501(C)(3) 12, III KRMC X KADLEC FOUNDATION 23-7005501 24 54 54 54 54 54 54 54 54 54 54 54 54 55 54<	KADLEC AUXILIARY, INC.	91-6033089					
KADLEC FOUNDATION23-7005501888 SWIFT BLVDRICHLAND, WA 99352	1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
888 SWIFT BLVD RICHLAND, WA 99352		SUPPORT	WA	501(C)(3)	12, III	KRMC	Х
	KADLEC FOUNDATION	23-7005501					
SUPPORT WA 501(C)(3) 7 KRMC X	888 SWIFT BLVD	RICHLAND, WA 99352					
		SUPPORT	WA	501(C)(3)	7	KRMC	Х

Part VII

(A) NAME\ADDRESS\EIN		EGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
KADLEC REGIONAL MEDICAL CENTER	91-0655392					
1801 LIND AVE SW ATTN TAX DEPT	HEALTHCARE	WA	501(C)(3)	3	WHC	х
LITTLE COMPANY OF MARY ANCILLAR	Y SVCS CO 33-0844408					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Х
LUBBOCK HERITAGE HOSPITAL, LLC	26-4021016					
1801 LIND AVE SW ATTN TAX DEPT						
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
LUNDBERG ASSOCIATION/PROVIDENCE						
1801 LIND AVE SW ATTN TAX DEPT				_		
	SUPPORT	OR	501(C)(3)	7	PHS OR	Х
METHODIST CHILDREN'S HOSPITAL	75-2428911					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
METHODIST HOSPITAL LEVELLAND	75-2246348					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
METHODIST HOSPITAL PLAINVIEW	75-2426010					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
MISSION HOSPITAL REGIONAL MEDIC	AL CTR 95-1643360					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	CHN	Х
NORTHWEST HOPE & HEALING FOUNDA	TION 20-0799737					
PO BOX 16069	SEATTLE, WA 98116					
	SUPPORT	WA	501(C)(3)	12,I	SHS	Х
PACMED CLINICS	56-2290878					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	10	WHC	Х

Part VII

PH&S FOUNDATION/SFVSA & SCVSA 501 SOUTH BUENA VISTA STREET PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET, SUITE 2021	95-3544877 BURBANK, CA 91505 HEALTHCARE 92-0093565 ANCHORAGE, AK 99508 HEALTHCARE	CA AK	501(C)(3)	7	PHS SOCAL	х
PROVIDENCE ALASKA FOUNDATION	HEALTHCARE 92-0093565 ANCHORAGE, AK 99508 HEALTHCARE			7	PHS SOCAL	Х
	92-0093565 ANCHORAGE, AK 99508 HEALTHCARE			7	PHS SOCAL	Х
	ANCHORAGE, AK 99508 HEALTHCARE	AK				
3760 PIPER STREET, SUITE 2021	HEALTHCARE	AK				
		AK				
	CTTD ENDN 01 1040000		501(C)(3)	7	PHS WA	Х
PROVIDENCE BENEDICTINE NURSING	CIR FNDN 91-1940286					
540 SOUTH MAIN ST	MT ANGEL, OR 97362					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Х
PROVIDENCE BLANCHET ASSOCIATION	N 91-1789266					
1801 LIND AVE SW ATTN TAX DEPT						
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
PROVIDENCE CHILDREN'S HEALTH FO	OUNDATION 93-0800140					
4805 NE GLISAN ST, STE 2N35	PORTLAND, OR 97213					
	SUPPORT	OR	501(C)(3)	7	PHS OR	Х
PROVIDENCE COMMUNITY HEALTH FOU	UNDATION 93-0692907					
940 ROYAL AVE, SUITE 410	MEDFORD, OR 97504					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Х
PROVIDENCE DETHMAN HOUSE	47-3385506					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	N/A	Х
PROVIDENCE GAMELIN HOUSE ASSOC	IATION 31-1744654					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
PROVIDENCE HEALTH & SERVICES	91-1549796					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	AW	501(C)(3)	12, II	PSJH	Х
PROVIDENCE HEALTH & SERVICES -	MONTANA 81-0231793					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Х

Part VII

(A) NAME\ADDRESS\EIN		LEGAL DOMICILE		(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
PROVIDENCE HEALTH & SERVICES -	OREGON 51-0216587					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	OR	501(C)(3)	3	PHS	х
PROVIDENCE HEALTH & SERVICES -	WA 51-0216586					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	3	PHS	х
PROVIDENCE HEALTH & SERVICES -	WEST WA 91-1303277					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	3	PM/WHC	Х
PROVIDENCE HEALTH ASSURANCE	55-0828701					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	MEDICAID	OR	501(C)(4)	N/A	PHP	Х
PROVIDENCE HEALTH CARE FNDN - E	S. WA 32-0014330					
101 W 8TH AVE	SPOKANE, WA 99204					
	HEALTHCARE	AW	501(C)(3)	7	PHS WA	Х
PROVIDENCE HEALTH PLAN	93-0863097					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Х
PROVIDENCE HEALTH SYSTEM - SO C	CAL 51-0216589					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	PHS	Х
PROVIDENCE HOOD RIVER MEM HOSP	FNDN 93-0921990					
810 12TH STREET, PO BOX 149	HOOD RIVER, OR 97031					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Х
PROVIDENCE HOSPICE AND HOME CAR	RE FNDN 27-2552749					
1615 75TH ST SW, SUITE 210	EVERETT, WA 98203					
	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Х
PROVIDENCE HOSPICE OF SEATTLE F	FOUNDATION 91-2077378					
2811 SOUTH 102ND NO 220	TUKWILA, WA 98168					
	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Х

Part VII

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) LI	EGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC : YES
PROVIDENCE LITTLE COMPANY OF MA	ARY FNDN 51-0224944					
4101 TORRANCE BLVD	TORRANCE, CA 90503					
1101 1000000 2202	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	х
PROVIDENCE MARIANWOOD FOUNDATIC	DN 93-1554288					
3725 PROVIDENCE POINT DRIVE SE	ISSAQUAH, WA 98029					
	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Х
PROVIDENCE MEDICAL INSTITUTE	33-0283773					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCAL	х
PROVIDENCE MILWAUKIE FOUNDATION						
10150 SE 32ND AVE	MILWAUKIE, OR 97222 HEALTHCARE	OR	501(C)(3)	7	PHS OR	x
PROVIDENCE MINISTRIES						
1801 LIND AVE SW ATTN TAX DEPT			501(0)(2)		27.(2	
	RELIGIOUS ORG	WA	501(C)(3)	1	N/A	
PROVIDENCE MOUNT ST. VINCENT FO	OUNDATION 91-1188119					
4831 35TH AVE SW	SEATTLE, WA 98126					
	HEALTHCARE	WA	501(C)(3)	7	PHS WA	х
PROVIDENCE NEWBERG HEALTH FOUND	DATION 93-0889144					
1001 PROVIDENCE DRIVE	NEWBERG, OR 97132					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Х
PROVIDENCE PETER CLAVER ASSOCIA	ATION 31-1629656					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
PROVIDENCE PLAN PARTNERS	91-1861964					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Х
PROVIDENCE PORTLAND MEDICAL FOU	INDATION 93-1231494					
4805 NE GLISAN ST	PORTLAND, OR 97213					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Х

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) L	EGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
PROVIDENCE ROSSI ASSOCIATION	31-1584166					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	10	PHS WA	X
PROVIDENCE SAINT JOHN'S HEALTH	CENTER 95-1684082					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	X
PROVIDENCE SAINT JOHN'S MEDICAL	FNDN 81-4542216					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	X
PROVIDENCE SEASIDE HOSPITAL FOU	NDATION 93-0927320					
725 S WAHANNA ROAD	SEASIDE, OR 97138					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X
PROVIDENCE ST. ELIZABETH HOUSE	ASSOC. 91-2171539					
1801 LIND AVE SW ATTN TAX DEPT						
	SUPPORT	WA	501(C)(3)	7	PHS WA	X
PROVIDENCE ST. FRANCIS ASSOCIAT	TION 94-3244854					
1801 LIND AVE SW ATTN TAX DEPT						
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
PROVIDENCE ST. JOSEPH HEALTH	81-1244422					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	12, III	N/A	Х
PROVIDENCE ST. JOSEPH HEALTH FO	OUNDATION 94-3078543					
4400 NE HALSEY ST. STE 599	PORTLAND, OR 97213					
	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X
PROVIDENCE ST. JOSEPH MEDICAL C	ENTER 81-0463482					
1801 LIND AVE SW ATTN TAX DEPT						
	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X
PROVIDENCE SOUTHWEST WASHINGTON	I FNDN 91-1097056					
413 LILLY ROAD NE	OLYMPIA, WA 98506					
	SUPPORT	WA	501(C)(3)	7	PHS W WA	Х

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(A) NAME\ADDRESS\EIN		GAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
PROVIDENCE ST. VINCENT MEDICAL	FNDN 93-0575982					
9205 SW BARNES ROAD, STE MT211	PORTLAND, OR 97225					
	HEALTHCARE	OR	501(C)(3)	7	PHS OR	х
PROVIDENCE TRINITYCARE HOSPICE	95-3264139					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	X
PROVIDENCE TRINITYCARE HOSPICE	FNDN 33-0261016					
5315 TORRANCE BLVD NO B-1	TORRANCE, CA 90503					
	HEALTHCARE	CA	501(C)(3)	7	PTCH	Х
PROVIDENCE WILLAMETTE FALLS MEI	DICAL FNDN 93-1003750					
1500 DIVISION STREET	OREGON CITY, OR 97045 HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	х
REDWOOD MEMORIAL FOUNDATION	94-2779313					
00 DOBEER STREET	EUREKA, CA 95501 HEALTHCARE	CA	501(C)(3)	7	RMH	Х
SAINT JOHN'S HOSPITAL/HEALTH CH	ENTER FNDN 95-6100079					
2121 SANTA MONICA BLVD	SANTA MONICA, CA 90404					
	SUPPORT	CA	501(C)(3)	7	PSJHC	Х
SEATTLE SCIENCE FOUNDATION	61-1502822					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 PHYSN COLLAB	WA	501(C)(3)	7	WHC	х
SISTERS OF PROVIDENCE OF MONTAN						
1801 LIND AVE SW ATTN TAX DEPT	SHELL CORP	MT	501(C)(3)	1	PHS WA	Х
SISTERS OF ST. JOSEPH OF ORANGH	95-1643383					
1801 LIND AVENUE SW ATTN TAX D	RENTON, WA 98057					
	RELIGIOUS ORG	CA	501(C)(3)	1	N/A	Х
SRM ALLIANCE HOSPITAL SERVICES	(PVH) 68-0395200					
1801 LIND AVE SW ATTN TAX DEPT						
	HEALTHCARE	CA	501(C)(3)	3	SRMH	Х

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
ST. JOSEPH HEALTH MINISTRY	27-1666576					
1801 LIND AVE SW ATTN TAX DEPT						
	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO	х
ST. JOSEPH HEALTH N. CALIFORNIA	A, LLC 81-4791043					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	SJHS	Х
ST. JOSEPH HEALTH SYSTEM	95-3589356					
1801 LIND AVE SW ATTN TAX DEPT						
	HEALTHCARE	CA	501(C)(3)	12, I	PSJH	X
ST. JOSEPH HEALTH SYSTEM FOUNDA	ATION 33-0143024					
3345 MICHELSON DRIVE SUITE 100						
	HEALTHCARE	CA	501(C)(3)	10	SJHS	Х
PROVIDENCE MEDICAL FOUNDATION	33-0185031					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	SJHS	Х
ST. JOSEPH HOME CARE NETWORK	68-0331084					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	10	SJHS	X
ST. JOSEPH HOSPITAL OF ORANGE	95-1643359					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	CHN	Х
ST. JUDE HOSPITAL, INC	95-1643325					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	CHN	Х
ST. LUKE ASSOCIATION	94-3176618					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
ST. MARY MEDICAL CENTER	95-1914489					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	CHN	х

Part VII

(A) NAME\ADDRESS\EIN		LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
ST. PATRICK HOSPITAL FOUNDATION	1 23-7056976					
502 W SPRUCE STREET	MISSOULA, MT 59802					
	HEALTHCARE	MT	501(C)(3)	7	PHS WA	X
ST. THOMAS CHILD AND FAMILY CEN	ITER 81-0233495					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	EDUCATION	МТ	501(C)(3)	10	PHS WA	Х
SWEDISH EDMONDS	27-2305304					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	3	WHC	Х
SWEDISH HEALTH SERVICES	91-0433740					
1801 LIND AVE SW ATTN TAX DEPT						
TOOT DIND AVE SW ATTN TAA DEFT	HEALTHCARE	WA	501(C)(3)	3	WHC	x
SWEDISH MEDICAL CENTER FOUNDATI	CON 91-0983214					
747 BROADWAY	SEATTLE, WA 98122					
147 BROADWAT	HEALTHCARE	WA	501(C)(3)	7	SHS	х
SWEDISH MJM HOLDINGS	27-3139262					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HOLDING CO	WA	501(C)(3)	12, I	SHS	Х
THE GAMELIN ASSOCIATION	91-1180824					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
THE GAMELIN CALIFORNIA ASSOCIAT	'ION 91-1293869					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Х
THE CAMPITM OPECON ACCOUNTON	91-1214491					
THE GAMELIN OREGON ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT						
1001 HIND AVE SW ATTN TAX DEPT	SUPPORT	OR	501(C)(3)	10	PHS OR	х
			. , ,			
UNIVERSITY OF PROVIDENCE	81-0231777					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	EDUCATION	MT	501(C)(3)	2	PHS	Х

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Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) LE	GAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WESTERN HEALTHCONNECT	45-4171900					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	Х
GRACE CLINIC OF LUBBOCK	20-3856995					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
TARZANA MEDICAL CENTER LLC	83-3972614					
1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057					
	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Х
PROVIDENCE FACEY MEDICAL FOUNDA	ATION 95-4322584					
1801 LIND AVENUE SW ATTN: TAX	RENTON, WA 98057					
	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Х
COVENANT HOSPITAL HOBBS	84-4273963					
1801 LIND AVENUE SW ATTN TAX D	RENTON, WA 98057					
	HEALTHCARE	TX	501(C)(3)	3	CHS	Х
PROVIDENCE ST. MARY FOUNDATION	45-2841492					
401 W. POPLAR STREET	WALLA WALLA, WA 99362					
	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Х
COLLABRIA CARE	68-0393144					
414 SOUTH JEFFERSON STREET	NAPA, CA 94559					
	HEALTHCARE	CA	501(C)(3)	10	SJHCN	Х
OPEN DOOR VENTURES	91-1608508					
1801 LIND AVENUE SW ATTN: TAX	RENTON, CA 98057					
	SUPPORT	WA	501(C)(3)	7	PHS WA	Х
IRI-CITIES CANCER CENTER	91-1594526					
1801 LIND AVENUE SW ATTN: TAX	RENTON, WA 98057					
	HEALTHCARE	WA	501(C)(3)	3	KRMC	Х
TRI-CITIES CANCER CENTER FOUNDA	ATION 91-1739024					
1801 LIND AVENUE SW ATTN: TAX	KENNEWICK, WA 99336					
	HEALTHCARE	WA	501(C)(3)	7	KRMC	Х