

HOAG HOSPITAL FOUNDATION

Exempt Organization Tax Return

For The Year Ended 12/31/21

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Form **990**

Department of the Treasury
Internal Revenue Service

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOAG HOSPITAL FOUNDATION				D Employer identification number 95-3222343	
	Doing Business As				E Telephone number (949) 764-7219	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	330 PLACENTIA AVE City or town, state or province, country, and ZIP or foreign postal code NEWPORT BEACH, CA 92663					
F Name and address of principal officer: FLYNN ANDRIZZI 330 PLACENTIA AVE, NEWPORT BEACH, CA 92663				G Gross receipts \$ 185,875,645.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.HOAGHOSPITALFOUNDATION.ORG				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1977 M State of legal domicile: CA		
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF HOAG HOSPITAL FOUNDATION IS ADVANCING THE MISSION OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN THROUGH MEANINGFUL AND INSPIRATIONAL PHILANTHROPIC PARTNERSHIPS.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 NONE
	6 Total number of volunteers (estimate if necessary)	6 166
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -114,442.
b Net unrelated business taxable income from Form 990-T, line 34	7b NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 97,847,499. Current Year: 152,380,415.
	9 Program service revenue (Part VIII, line 2g)	NONE NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,452,620. 33,609,672.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,297,803. -225,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,002,316. 185,764,932.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,075,515. 29,406,620.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,728,004. 10,287,783.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,709,135.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,267,363. 5,062,101.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,070,882. 44,756,504.	
19 Revenue less expenses. Subtract line 18 from line 12	64,931,434. 141,008,428.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 435,559,489. End of Year: 584,715,727.
	21 Total liabilities (Part X, line 26)	17,884,796. 18,007,275.
	22 Net assets or fund balances. Subtract line 21 from line 20.	417,674,693. 566,708,452.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	FLYNN ANDRIZZI Type or print name and title		PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KARA ADAMS	<i>Kara Adams</i>	11/8/2022		P00023315
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶	34-656596		
Firm's address ▶	18101 VON KARMAN AVE, SUITE 1700 IRVINE, CA 92612		Phone no.	949-794-2300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HOAG HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS FOR HOAG MEMORIAL HOSPITAL PRESBYTERIAN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 29,406,620. including grants of \$ 29,406,620.) (Revenue \$ NONE)

PROVIDE SUPPORT TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN FOR EXPANSION, EQUIPMENT, PROGRAMS, NURSING SCHOLARSHIPS AND VARIOUS OPERATING EXPENSES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 29,406,620.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

FLYNN ANDRIZZI 330 PLACENTIA AVE NEWPORT BEACH, CA 92663
949-764-7219

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BRAITHWAITE BD MBR/CEO-PRES. HMHP/PRES HC	2.00 57.00	X						NONE	1,744,587.	218,833.
(2) FLYNN ANDRIZZI PRESIDENT/SVP HMHP/BD MBR HCS	50.00 4.00	X		X				NONE	950,393.	79,416.
(3) GREG GISSENDANNER VP DEVELOPMENT	50.00 NONE				X			NONE	857,886.	20,895.
(4) KENYA BECKMANN FORMER KEY EMPLOYEE	NONE 50.00					X		NONE	644,878.	112,340.
(5) NICOLE M BALSAMO FDN VP DEVELOPMENT	50.00 NONE				X			NONE	583,597.	48,599.
(6) CHRISTIAN WARD VP MAJOR GIFTS (THRU 5/5/21)	50.00 NONE				X			NONE	428,154.	4,447.
(7) DANNA C GRANT FDN VP DONOR RELATIONS	50.00 NONE				X			NONE	381,164.	30,979.
(8) ADAM DE LA PENA-GAFKE FDN VP DEVELOP OPS & CAMPAIGNS	50.00 NONE				X			NONE	347,746.	45,971.
(9) GWEN RITTER EXEC DIR DEVELOPMENT	50.00 NONE					X		NONE	258,787.	51,211.
(10) JULIE HEGGENESS EXEC DIR PLANNED GIVING	50.00 NONE					X		NONE	251,511.	24,332.
(11) DEBRA MCCUNE EXEC DIR STEWARDSHIP/DEVELOP	50.00 NONE					X		NONE	249,241.	25,339.
(12) STACY C SKWARLO EXEC DIR DEVELOPMENT	50.00 NONE					X		NONE	237,834.	34,666.
(13) ANGELINA MORANO SR DIR MAJOR GIFTS	50.00 NONE					X		NONE	219,763.	24,152.
(14) ANTHONY ALLEN BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHLEEN M. ARMSTRONG CHAIR/BD MBR HMHP	5.00 2.00	X		X				NONE	NONE	NONE
(16) JEREMY JONES TREASURER	4.00 NONE	X		X				NONE	NONE	NONE
(17) PATRICIA BERCHTOLD SECRETARY	2.00 NONE	X						NONE	NONE	NONE
(18) JAMES BUCKINGHAM BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(19) BENJAMIN DU BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(20) ANDREW A. FIMIANO BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(21) MARK HARDTKE BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(22) SHANAZ LANGSON BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(23) DEBORAH MARGOLIS BOARD MEMBER	4.00 NONE	X						NONE	NONE	NONE
(24) STEPHEN MUZZY BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(25) ROBERT ROTH BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								NONE	7,155,541.	721,180.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								NONE	7,155,541.	721,180.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► NONE

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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 listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SANDRA SIMON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(27) DIANA SUN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(28) RICHARD TAKETA VICE CHAIR	4.00 NONE	X					NONE	NONE	NONE	
(29) GARY FUDGE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(30) CAROLYN MCKITTERICK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(31) KYLE WESCOAT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(32) DANIEL YOUNG BOARD MEMBER/HOSPITAL CHAIR	2.00 5.00	X					NONE	NONE	NONE	
(33) DR. AIDAN RANEY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(34) KATHERINE SHEN BOARD MEMBER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(35) PHILIP BELLING BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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
SEE SCHEDULE O		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 3,880.					
	b	Membership dues	1b					
	c	Fundraising events	1c 1,110,935.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 151,265,600.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,371,773.					
	h	Total. Add lines 1a-1f ▶		152,380,415.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		33,609,672.			33,609,672.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss) ▶			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶			NONE			
	8a	Gross income from fundraising events (not including \$ 1,110,935. of contributions reported on line 1c). See Part IV, line 18						
			8a	NONE				
8b			110,713.					
c	Net income or (loss) from fundraising events ▶			-110,713.		-110,713.		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a	NONE					
		9b	NONE					
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances							
		10a	NONE					
		10b	NONE					
c	Net income or (loss) from sales of inventory ▶			NONE				
Miscellaneous Revenue	11a	UBI FROM PARTNERSHIPS/LLCS	Business Code 901101	-114,442.		-114,442.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			-114,442.			
12	Total revenue. See instructions ▶			185,764,932.		-114,442.	33,498,959.	

Part IX Statement of Functional Expenses

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

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

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.	3,953,846.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,042,316.		208,463.	833,853.
9 Other employee benefits	544,296.		108,859.	435,437.
10 Payroll taxes	323,188.		64,638.	258,550.
11 Fees for services (nonemployees):				
a Management	383,900.		76,780.	307,120.
b Legal	18,251.		3,650.	14,601.
c Accounting	180,912.		180,912.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,782,555.		1,782,555.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	508,662.		101,732.	406,930.
13 Office expenses	774,610.		154,922.	619,688.
14 Information technology	90,356.		18,071.	72,285.
15 Royalties	NONE			
16 Occupancy	234,482.		46,896.	187,586.
17 Travel	7,131.		1,426.	5,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 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.	864,994.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	44,756,504.	29,406,620.	4,640,749.	10,709,135.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,499,772.	1	34,761,853.
	2 Savings and temporary cash investments	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	340,124.	9	268,348.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 888,535.		
	b Less: accumulated depreciation	10b 309,593.		
		497,321.	10c	578,942.
	11 Investments - publicly traded securities	28,564,435.	11	132,458,204.
	12 Investments - other securities. See Part IV, line 11	242,517,961.	12	265,150,195.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	NONE	15	500.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	435,559,489.	16	584,715,727.	
Liabilities	17 Accounts payable and accrued expenses	15,421,706.	17	13,643,882.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,463,090.	25	4,363,393.
	26 Total liabilities. Add lines 17 through 25	17,884,796.	26	18,007,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> 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	419,735,222.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	417,674,693.	32	566,708,452.
33 Total liabilities and net assets/fund balances	435,559,489.	33	584,715,727.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	185,764,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,756,504.
3	Revenue less expenses. Subtract line 2 from line 1	3	141,008,428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	417,674,693.
5	Net unrealized gains (losses) on investments	5	-2,988,180.
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	11,013,511.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	566,708,452.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 72.85%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 80.31%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 responsive (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

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (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:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

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

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

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).

Name of organization <p style="text-align: center;">HOAG HOSPITAL FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-3222343</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 50,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 60,285,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 4,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	164,655,908.	143,701,793.	130,966,595.	136,620,451.	126,638,880.
b Contributions	3,030,230.	5,819,236.	6,011,242.	894,423.	2,373,258.
c Net investment earnings, gains, and losses	23,223,391.	21,695,599.	13,990,511.	1,598,221.	7,539,150.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,879,769.	6,560,720.	7,266,555.	8,146,500.	-69,163.
f Administrative expenses					
g End of year balance	184,029,760.	164,655,908.	143,701,793.	130,966,595.	136,620,451.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 3.6000 %
- b Permanent endowment 44.9000 %
- c Term endowment 51.5000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		888,535.	309,593.	578,942.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				578,942.

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 .

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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

Part XIII Supplemental Information (continued)

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
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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 service(s) in the region	(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)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE				87,887,683.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE				87,887,683.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(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)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* 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 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)* 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* 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)* 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 No

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)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		C1000 VIRTUAL E (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,110,935.		1,110,935.	
	2	Less: Contributions	1,110,935.		1,110,935.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment	17,500.		17,500.	
	9	Other direct expenses	93,213.		93,213.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				110,713.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-110,713.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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 entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c 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:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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 3900 W COST HWY 380 NEWPORT BEACH, CA 92663	27-1355820		90,000.				TEEN BRAIN PROGRAM SUPPORT
(4) HOAG ORTHOPEDIC EDUCATION AND RESEARCH INST 280 SOUTH MAIN STREET ORANGE, CA 92868	75-3076627	501(C)(3)	1,453,126.				RESEARCH ORTHOPEDIC CARE
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶ 1

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

Schedule I (Form 990) 2021

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 required in Part I, line 2, Part III, column (b); and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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.

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

Part III Supplemental Information

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

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.

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 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:

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

2021

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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.

Name of the organization

Employer identification number

HOAG HOSPITAL FOUNDATION

95-3222343

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	21	416,773.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	1,955,000.	APPRAISED AMOUNT
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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

2021

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Inspection**

Employer identification number

95-3222343

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.

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

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2021

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Inspection**

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)**

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.

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

OMB No. 1545-0047

2021

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Inspection**

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)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

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 identification number

HOAG HOSPITAL FOUNDATION

95-3222343

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME 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 R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

95-3222343

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 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)									

HOAG HOSPITAL FOUNDATION

95-3222343

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(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
20TH STREET SURGERY LLC 73-173 SEE PART VII	AMBULATORY SU	CA	N/A							
BRIDGEPORT MEDICAL IMAGING (BM) SEE PART VII	IMAGING DIAG.	OR	N/A							
BROADWAY IMAGING, LLC 52-24059 SEE PART VII	MEDICAL IMAGI	MT	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	HMHP							
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							

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(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		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
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	HMHP									
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	HMHP									
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									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(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
PET/CT IMAGING AT SWEDISH CANC SEE PART VII	MEDICAL IMAGI	WA	N/A							
PHS INVESTMENT TRUST SHORT TER SEE PART VII	INVESTMENTS	WA	N/A							
PROV. RADIATION ONCOLOGY DEVEL SEE PART VII	REAL ESTATE -	OR	N/A							
PROVIDENCE CHILDREN'S NEONATAL SEE PART VII	NEONATAL CARE	WA	N/A							
PROVIDENCE IMAGING CENTER JOIN SEE PART VII	MEDICAL IMAGI	AK	N/A							
PROVIDENCE ST. JOSEPH HEALTH L SEE PART VII	INVESTMENTS	WA	N/A							
PROVIDENCE SURGERY CENTER, LLC SEE PART VII	AMBULATORY SU	MT	N/A							
PROVIDENCE UCLA USP SURGERY CE SEE PART VII	AMBULATORY SU	CA	N/A							
PROVIDENCE/USP SOUTH BAY SURGE SEE PART VII	AMBULATORY SU	CA	N/A							
PROVIDENCE/USP SURGERY CTRS., SEE PART VII	AMBULATORY SU	CA	N/A							

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(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		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
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 -	CA	MHRMC									

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(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		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
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									

HOAG HOSPITAL FOUNDATION

95-3222343

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(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	(I) SEC 512(B)(13) YES NO
1221 MADISON STREET OWNERS ASSOC. 747 BROADWAY SEATTLE, WA 98122	OWNERS' ASSOC	WA	N/A	C-CORP				
AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE, BD HM08	CAPTIVE INSUR	BD	N/A	C-CORP				
AYIN HEALTH SOLUTIONS, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	DE	N/A	C-CORP				
BOURGET HEALTH SERVICES, INC. 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C-CORP				
CARON HEALTH CORPORATION 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	MED PHYS SVCS	MT	N/A	C-CORP				
COMMUNITY TECHNOLOGIES, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	IT SVCS	DE	N/A	C-CORP				
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404	HEALTHCARE	CA	N/A	C-CORP				
HOAG MANAGEMENT SERVICES, INC 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP				
HOAG PHYSICIAN PARTNERS 16148 SAND CANYON AVE IRVINE, CA 92618	HEALTHCARE	CA	N/A	C-CORP				
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	INACTIVE	TX	N/A	C-CORP				

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(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	(I) SEC 512(B)(13) YES NO
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	75-2118585 HEALTHCARE	TX	N/A	C-CORP				
LUMEDIC, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	83-3881097 HEALTHCARE	WA	N/A	C-CORP				
MEDIREVV INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	20-8783763 HEALTHCARE	DE	N/A	C-CORP				
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	33-0212905 HEALTHCARE	CA	N/A	C-CORP				
PERFORMANCE HEALTH TECHNOLOGY, LTD. 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302	93-1211733 HEALTHCARE	OR	N/A	C-CORP				
PHN HOLDINGS 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	46-1814184 STRAT PLAN SV	CA	N/A	C-CORP				
PIONEER INNOVATIONS, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	36-4818191 HEALTH INNOVA	WA	N/A	C-CORP				
PROVIDENCE ASSURANCE INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	20-8194071 CAPTIVE INSUR	AZ	N/A	C-CORP				
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	98-1516461 IT SVCS	IN	N/A	C-CORP				
PROVIDENCE HEALTH CARE VENTURES, INC. 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99204	90-0155714 CLIN/MED LAB	WA	N/A	C-CORP				

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(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	(I) SEC 512(B)(13) YES NO
PROVIDENCE HEALTH NETWORK 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	80-0886966 PREPAID HEALT	CA	N/A	C-CORP				
PROVIDENCE HEALTH VENTURES, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	33-0122216 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, WA 98057	46-2340232 HOLDING COMPA	CA	N/A	C-CORP				
ST. JOSEPH HEALTH SOURCE, INC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	46-1900168 HEALTHCARE	CA	N/A	C-CORP				
ST. JOSEPH PROF SVCS. ENTERPRSES, INC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	33-0155323 HEALTHCARE	CA	N/A	C-CORP				
VINSERRA, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	95-3943315 INVESTMENT	CA	N/A	C-CORP				
TEGRIA SERVICES GROUP-US, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	90-0872936 HEALTHCARE	WI	N/A	C-CORP				
TEGRIA RCM GROUP, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	84-4686520 HOLDING COMPA	DE	N/A	C-CORP				

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(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	(I) SEC 512(B)(13) YES NO
TEGRIA SERVICES GROUP, INC. 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	84-4704409 HOLDING COMPA	DE	N/A	C-CORP				
TEGRIA HOLDINGS LLC 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	84-2092143 HOLDING COMPA	DE	N/A	C-CORP				
QUIVIQ, INC. 1400-112TH AVENUE ST. SUITE 100 BELLEVUE, WA 98004	83-3879444 ANALYTICS	WA	N/A	C-CORP				
ACCLARA SOLUTIONS INTERMEDIATE LLC 10713 W. SAM HOUSTON PKWY N. #500 HOUSTON, TX 77064	37-1783298 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, TX 77064	87-0837184 HOLDING COMPANY	TX	N/A	C-CORP				
COLBURN HILL GROUP, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 95057	86-3383433 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				

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(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	(I) 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 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	WA	N/A	C-CORP				
TEGRIA INSIGHTS GROUP, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WA	N/A	C-CORP				
TEGRIA PRODUCTS GROUP, INC 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C-CORP				
TEGRIA RCM GROUP US, INC 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 ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP				

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

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

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	B	26,329,091.	ACCRUAL
(2) HOAG CLINIC	B	1,534,403.	ACCRUAL
(3) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	K	1,014,247.	ACCRUAL
(4) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	P	11,621,282.	ACCRUAL
(5)			
(6)			

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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 InformationProvide 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

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

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

HERITAGE INVESTMENT GROUP I, LLC

EIN: 27-1000061

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

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

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

Part VII Supplemental Information

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

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

Part VII Supplemental InformationProvide 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 InformationProvide 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 InformationProvide 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 - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
COVENANT ACO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	12, I	CHS		X
61-1573313							
COVENANT HEALTH NETWORK, INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	501(C)(3)	12, III	SJHS		X
46-1259908							
COVENANT HEALTH PARTNERS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	12, I	CHS		X
46-3516417							
COVENANT HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	SJHS		X
75-2765566							
COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	7	CHS		X
75-2897026							
COVENANT MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
82-2913146							
COVENANT MEDICAL GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
75-2743883							
EVERETT TRANSITIONAL CARE SERVICES PO BOX 5128 EVERETT, WA 98206	TRANS. CARE	WA	501(C)(3)	10	N/A		X
94-3264605							
GAMELIN WASHINGTON ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	SUPPORT	WA	501(C)(3)	7	PHS WA		X
20-1910170							
GLOBAL TO LOCAL HEALTH INITIATIVE 2800 SOUTH 192ND ST. #104 SEATAC, WA 98188	HEALTHCARE	WA	501(C)(3)	7	SHS		X
27-3133200							

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						YES	NO
HMTS, INC. 1 HOAG DRIVE, PO BOX 6100	45-3583707 NEWPORT BEACH, CA 92658 HEALTHCARE	CA	501(C)(3)	12, I	HMHP		X
HOAG CHARITY SPORTS 2081 BUSINESS CTR DR, STE 195	45-2982422 IRVINE, CA 92612 SUPPORT	CA	501(C)(3)	7	HHF		X
HOAG CLINIC 1 HOAG DRIVE, PO BOX 6100	33-0676831 NEWPORT BEACH, CA 92658 HEALTHCARE	CA	501(C)(3)	10	HMHP		X
HOAG MEMORIAL HOSPITAL PRESBYTERIAN ONE HOAG DRIVE PO BOX 6100	95-1643327 NEWPORT BEACH, CA 92658 HEALTHCARE	CA	501(C)(3)	3	CHN		X
HOSPICE OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT	75-2133781 RENTON, WA 98057 HEALTHCARE	TX	501(C)(3)	10	CHS		X
INSTITUTE FOR MENTAL HEALTH & WELLNESS 1801 LIND AVE SW ATTN TAX DEPT	81-4260130 RENTON, WA 98057 HEALTHCARE	WA	501(C)(3)	PF	PHS/SJHS		X
INSTITUTE FOR SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT	91-2003593 RENTON, WA 98057 HEALTHCARE	WA	501(C)(3)	7	WHC		X
SAINT JOHN'S CANCER INSTITUTE 1801 LIND AVE SW ATTN TAX DEPT	95-4291515 RENTON, WA 98057 HEALTHCARE	CA	501(C)(3)	4	PSJHC		X
KADLEC AUXILIARY, INC. 1801 LIND AVE SW ATTN TAX DEPT	91-6033089 RENTON, WA 98057 SUPPORT	WA	501(C)(3)	12, III	KRMC		X
KADLEC FOUNDATION 888 SWIFT BLVD	23-7005501 RICHLAND, WA 99352 SUPPORT	WA	501(C)(3)	7	KRMC		X

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						YES	NO
KADLEC REGIONAL MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	3	WHC		X
LITTLE COMPANY OF MARY ANCILLARY SVCS CO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCIAL		X
LUBBOCK HERITAGE HOSPITAL, LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
LUNDBERG ASSOCIATION/PROVIDENCE HOUSE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	SUPPORT	OR	501(C)(3)	7	PHS OR		X
METHODIST CHILDREN'S HOSPITAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
METHODIST HOSPITAL LEVELLAND 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
METHODIST HOSPITAL PLAINVIEW 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	TX	501(C)(3)	3	CHS		X
MISSION HOSPITAL REGIONAL MEDICAL CTR 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	501(C)(3)	3	CHN		X
NORTHWEST HOPE & HEALING FOUNDATION PO BOX 16069 SEATTLE, WA 98116	SUPPORT	WA	501(C)(3)	12, I	SHS		X
PACMED CLINICS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	10	WHC		X

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						YES	NO
PH&S FOUNDATION/SFVSA & SCVSA 501 SOUTH BUENA VISTA STREET BURBANK, CA 91505	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL		X
PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET, SUITE 2021 ANCHORAGE, AK 99508	HEALTHCARE	AK	501(C)(3)	7	PHS WA		X
PROVIDENCE BENEDICTINE NURSING CTR FNDN 540 SOUTH MAIN ST MT ANGEL, OR 97362	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
PROVIDENCE BLANCHET ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	SUPPORT	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE CHILDREN'S HEALTH FOUNDATION 4805 NE GLISAN ST, STE 2N35 PORTLAND, OR 97213	SUPPORT	OR	501(C)(3)	7	PHS OR		X
PROVIDENCE COMMUNITY HEALTH FOUNDATION 940 ROYAL AVE, SUITE 410 MEDFORD, OR 97504	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
PROVIDENCE DETHMAN HOUSE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	SUPPORT	WA	501(C)(3)	7	N/A		X
PROVIDENCE GAMELIN HOUSE ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	SUPPORT	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE HEALTH & SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		X
PROVIDENCE HEALTH & SERVICES - MONTANA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	MT	501(C)(3)	3	PHS WA		X

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						YES	NO
PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	OR	501(C)(3)	3	PHS		X
PROVIDENCE HEALTH & SERVICES - WA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	3	PHS		X
PROVIDENCE HEALTH & SERVICES - WEST WA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	3	PM/WHC		X
PROVIDENCE HEALTH ASSURANCE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	MEDICAID	OR	501(C)(4)	N/A	PHP		X
PROVIDENCE HEALTH CARE FNDN - E. WA 101 W 8TH AVE SPOKANE, WA 99204	HEALTHCARE	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE HEALTH PLAN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	OR	501(C)(4)	N/A	PPP		X
PROVIDENCE HEALTH SYSTEM - SO CAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	501(C)(3)	3	PHS		X
PROVIDENCE HOOD RIVER MEM HOSP FNDN 810 12TH STREET, PO BOX 149 HOOD RIVER, OR 97031	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
PROVIDENCE HOSPICE AND HOME CARE FNDN 1615 75TH ST SW, SUITE 210 EVERETT, WA 98203	HEALTHCARE	WA	501(C)(3)	7	PHS W WA		X
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 2811 SOUTH 102ND NO 220 TUKWILA, WA 98168	HEALTHCARE	WA	501(C)(3)	7	PHS W WA		X

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					YES	NO	YES	NO	
PROVIDENCE LITTLE COMPANY OF MARY FNDN 4101 TORRANCE BLVD	51-0224944 TORRANCE, CA 90503 HEALTHCARE	CA	501(C)(3)	7					X
PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DRIVE SE	93-1554288 ISSAQUAH, WA 98029 HEALTHCARE	WA	501(C)(3)	7					X
PROVIDENCE MEDICAL INSTITUTE 1801 LIND AVE SW ATTN TAX DEPT	33-0283773 RENTON, WA 98057 HEALTHCARE	CA	501(C)(3)	12, I					X
PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND AVE	94-3079515 MILWAUKIE, OR 97222 HEALTHCARE	OR	501(C)(3)	7					X
PROVIDENCE MINISTRIES 1801 LIND AVE SW ATTN TAX DEPT	RENTON, WA 98057 RELIGIOUS ORG	WA	501(C)(3)	1					X
PROVIDENCE MOUNT ST. VINCENT FOUNDATION 4831 35TH AVE SW	91-1188119 SEATTLE, WA 98126 HEALTHCARE	WA	501(C)(3)	7					X
PROVIDENCE NEWBERG HEALTH FOUNDATION 1001 PROVIDENCE DRIVE	93-0889144 NEWBERG, OR 97132 HEALTHCARE	OR	501(C)(3)	7					X
PROVIDENCE PETER CLAVER ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT	31-1629656 RENTON, WA 98057 SUPPORT	WA	501(C)(3)	7					X
PROVIDENCE PLAN PARTNERS 1801 LIND AVE SW ATTN TAX DEPT	91-1861964 RENTON, WA 98057 HEALTHCARE	WA	501(C)(4)	N/A					X
PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN ST	93-1231494 PORTLAND, OR 97213 HEALTHCARE	OR	501(C)(3)	7					X

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						YES	NO
PROVIDENCE ROSSI ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SUPPORT	31-1584166	WA	501(C)(3)	10	PHS WA		X
PROVIDENCE SAINT JOHN'S HEALTH CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	95-1684082	CA	501(C)(3)	3	PHS SOCIAL		X
PROVIDENCE SAINT JOHN'S MEDICAL FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	81-4542216	CA	501(C)(3)	3	PHS SOCIAL		X
PROVIDENCE SEASIDE HOSPITAL FOUNDATION 725 S WAHANNA ROAD SEASIDE, OR 97138 HEALTHCARE	93-0927320	OR	501(C)(3)	7	PHS OR		X
PROVIDENCE ST. ELIZABETH HOUSE ASSOC. 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SUPPORT	91-2171539	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE ST. FRANCIS ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SUPPORT	94-3244854	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE ST. JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	81-1244422	WA	501(C)(3)	12, III	N/A		X
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION 4400 NE HALSEY ST. STE 599 PORTLAND, OR 97213 HEALTHCARE	94-3078543	WA	501(C)(3)	7	PHS WA		X
PROVIDENCE ST. JOSEPH MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	81-0463482	MT	501(C)(3)	3	PHS WA		X
PROVIDENCE SOUTHWEST WASHINGTON FNDN 413 LILLY ROAD NE OLYMPIA, WA 98506 SUPPORT	91-1097056	WA	501(C)(3)	7	PHS W WA		X

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						YES	NO
ST. JOSEPH HEALTH MINISTRY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 RELIGIOUS ORG	27-1666576	CA	501(C)(3)	1	SSJO		X
ST. JOSEPH HEALTH N. CALIFORNIA, LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	81-4791043	CA	501(C)(3)	3	SJHS		X
ST. JOSEPH HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	95-3589356	CA	501(C)(3)	12, I	PSJH		X
ST. JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 HEALTHCARE	33-0143024	CA	501(C)(3)	10	SJHS		X
PROVIDENCE MEDICAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	33-0185031	CA	501(C)(3)	3	SJHS		X
ST. JOSEPH HOME CARE NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	68-0331084	CA	501(C)(3)	10	SJHS		X
ST. JOSEPH HOSPITAL OF ORANGE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	95-1643359	CA	501(C)(3)	3	CHN		X
ST. JUDE HOSPITAL, INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	95-1643325	CA	501(C)(3)	3	CHN		X
ST. LUKE ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SUPPORT	94-3176618	WA	501(C)(3)	7	PHS WA		X
ST. MARY MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	95-1914489	CA	501(C)(3)	3	CHN		X

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						YES	NO
ST. PATRICK HOSPITAL FOUNDATION 502 W SPRUCE STREET	23-7056976 MISSOULA, MT 59802 HEALTHCARE	MT	501(C)(3)	7	PHS WA		X
ST. THOMAS CHILD AND FAMILY CENTER 1801 LIND AVE SW ATTN TAX DEPT	81-0233495 RENTON, WA 98057 EDUCATION	MT	501(C)(3)	10	PHS WA		X
SWEDISH EDMONDS 1801 LIND AVE SW ATTN TAX DEPT	27-2305304 RENTON, WA 98057 HEALTHCARE	WA	501(C)(3)	3	WHC		X
SWEDISH HEALTH SERVICES 1801 LIND AVE SW ATTN TAX DEPT	91-0433740 RENTON, WA 98057 HEALTHCARE	WA	501(C)(3)	3	WHC		X
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY	91-0983214 SEATTLE, WA 98122 HEALTHCARE	WA	501(C)(3)	7	SHS		X
SWEDISH MJM HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT	27-3139262 RENTON, WA 98057 HOLDING CO	WA	501(C)(3)	12, I	SHS		X
THE GAMELIN ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT	91-1180824 RENTON, WA 98057 SUPPORT	WA	501(C)(3)	7	PHS WA		X
THE GAMELIN CALIFORNIA ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT	91-1293869 RENTON, WA 98057 SUPPORT	CA	501(C)(3)	10	PHS SOCIAL		X
THE GAMELIN OREGON ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT	91-1214491 RENTON, WA 98057 SUPPORT	OR	501(C)(3)	10	PHS OR		X
UNIVERSITY OF PROVIDENCE 1801 LIND AVE SW ATTN TAX DEPT	81-0231777 RENTON, WA 98057 EDUCATION	MT	501(C)(3)	2	PHS		X

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					YES	NO	YES	NO
WESTERN HEALTHCONNECT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 SHELL CORP	45-4171900	WA	501(C)(3)	12, II				X
GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	20-3856995	TX	501(C)(3)	3				X
TARZANA MEDICAL CENTER LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 HEALTHCARE	83-3972614	CA	501(C)(3)	3				X
PROVIDENCE FACEY MEDICAL FOUNDATION 1801 LIND AVENUE SW ATTN: TAX RENTON, WA 98057 SUPPORT	95-4322584	CA	501(C)(3)	7				X
COVENANT HOSPITAL HOBBS 1801 LIND AVENUE SW ATTN TAX D RENTON, WA 98057 HEALTHCARE	84-4273963	TX	501(C)(3)	3				X
PROVIDENCE ST. MARY FOUNDATION 401 W. POPLAR STREET WALLA WALLA, WA 99362 HEALTHCARE	45-2841492	WA	501(C)(3)	7				X
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559 HEALTHCARE	68-0393144	CA	501(C)(3)	10				X
OPEN DOOR VENTURES 1801 LIND AVENUE SW ATTN: TAX RENTON, CA 98057 SUPPORT	91-1608508	WA	501(C)(3)	7				X
TRI-CITIES CANCER CENTER 1801 LIND AVENUE SW ATTN: TAX RENTON, WA 98057 HEALTHCARE	91-1594526	WA	501(C)(3)	3				X
TRI-CITIES CANCER CENTER FOUNDATION 1801 LIND AVENUE SW ATTN: TAX KENNEWICK, WA 99336 HEALTHCARE	91-1739024	WA	501(C)(3)	7				X