

**HOAG HOSPITAL FOUNDATION**

Exempt Organization Tax Return

For The Year Ended 12/31/18

Copy – Retain For Your Records

**PUBLIC INSPECTION COPY**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning** , 2018, and ending , 20

<b>B</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	<b>C</b> Name of organization HOAG HOSPITAL FOUNDATION			<b>D</b> Employer identification number 95-3222343
	Doing Business As			<b>E</b> Telephone number (949) 764-7219
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 47,234,490.
	330 PLACENTIA AVE			
City or town, state or province, country, and ZIP or foreign postal code NEWPORT BEACH, CA 92663				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: FLYNN ANDRIZZI 330 PLACENTIA AVE, NEWPORT BEACH, CA 92663				
<b>I</b> 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		<b>J</b> Website: ▶ WWW.HOAGHOSPITALFOUNDATION.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1977	<b>M</b> State of legal domicile: CA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF HOAG HOSPITAL FOUNDATION IS ADVANCING THE MISSION OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN THROUGH MEANINGFUL AND INSPIRATIONAL PHILANTHROPIC PARTNERSHIPS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	384.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,364,861.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	33,789,624.	39,597,944.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,532.	32,142.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,288,834.	7,341,768.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-333,474.	-115,332.
		43,762,516.	46,856,522.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,254,429.	22,367,997.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,296,035.	6,693,918.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,818,054.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,476,416.	3,173,204.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,026,880.	32,235,119.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	30,735,636.	14,621,403.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	271,900,037.	290,633,036.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	13,049,844.	11,298,394.
	258,850,193.	279,334,642.	

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## 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.

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KARA ADAMS	Preparer's signature <i>Kara Adams</i>	Date 11/08/19	Check <input type="checkbox"/> if self-employed	PTIN P00023315
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		Phone no. 949-794-2300	
	Firm's address ▶ 18101 VON KARMAN AVE, STE 1700 IRVINE, CA 92612				

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** (2018)

**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 \$ 22,367,997. including grants of \$ 22,367,997. ) (Revenue \$ 32,142. )

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 in Schedule O.)

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

**4e** Total program service expenses ▶ 22,367,997.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, 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 16 regarding employee reporting, tax returns, 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 in 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 (25), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 in 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

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(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			
(1) KATHLEEN M. ARMSTRONG VICE CHAIR	4.00 0.	X		X				0.	0.	0.
(2) VICTOR ASSAD BOARD MEMBER	2.00 0.	X						0.	0.	0.
(3) PATRICIA BERCHTOLD SECRETARY	4.00 0.	X		X				0.	0.	0.
(4) ROBERT BRAITHWAITE BD MBR/CEO-HOAG/REG VP-S CA RG	2.00 57.00	X						0.	1,128,353.	179,305.
(5) ROBERT BRUNSWICK CHAIR	5.00 2.00	X		X				0.	0.	0.
(6) JAMES BUCKINGHAM BOARD MEMBER	2.00 0.	X						0.	0.	0.
(7) PEI-YUAN CHIA BOARD MEMBER	2.00 0.	X						0.	0.	0.
(8) LAURI DELSON BOARD MEMBER	2.00 0.	X						0.	0.	0.
(9) BENJAMIN DU BOARD MEMBER	2.00 0.	X						0.	0.	0.
(10) ANDREW A. FIMIANO BOARD MEMBER	2.00 0.	X						0.	0.	0.
(11) STEPHEN FRY BOARD MEMBER	2.00 0.	X						0.	0.	0.
(12) MARK HARDTKE BOARD MEMBER	2.00 0.	X						0.	0.	0.
(13) JEREMY JONES TREASURER	4.00 0.	X		X				0.	0.	0.
(14) ROGER KIRWAN BOARD MEMBER	2.00 2.00	X						0.	0.	0.



**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) SHANAZ LANGSON ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 16) KAREN LINDEN ----- BOARD MEMBER/HMHP CHAIR	2.00 ----- 7.00	X						0.	0.	0.
( 17) DEBORAH MARGOLIS ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 18) JOSEPH OBEGI ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 19) ROBERT ROTH ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 20) SANDRA SIMON ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 21) JAMES SLAVIK ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 22) CAROL SUDBECK ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 23) RICHARD TAKETA ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 24) ANTHONY ALLEN ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 25) FLYNN ANDRIZZI ----- PRESIDENT/SVP HMHP/BD MBR HCS	50.00 ----- 4.00	X		X				0.	617,229.	68,387.
<b>1b Sub-total</b> . . . . .								0.	1,128,353.	179,305.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	2,585,397.	312,162.
<b>d Total (add lines 1b and 1c)</b> . . . . .								0.	3,713,750.	491,467.

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 ► 0.

	Yes	No
3 Did the organization list any <b>former</b> 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
ATTACHMENT 1		

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 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) KENYA BECKMANN ----- SR VP FOR DEVELOPMENT	50.00 0.				X		0.	365,857.	43,381.	
( 27) DEBRA MCCUNE ----- VP STEWARDSHIP/DEVELOPMENT OPS	50.00 0.				X		0.	224,065.	28,319.	
( 28) ADAM DE LA PENA-GAFKE ----- VP DEV OPS & CAMPAIGNS	50.00 0.				X		0.	170,403.	27,929.	
( 29) GREG GISSENDANNER ----- VP DEVELOPMENT	50.00 0.				X		0.	304,780.	25,523.	
( 30) CHRISTIAN WARD ----- EXEC DIR MAJOR GIFTS	50.00 0.					X	0.	230,968.	35,147.	
( 31) DEBORAH DOMINGUEZ ----- EXEC DIR COMMUNICATIONS	50.00 0.					X	0.	195,918.	26,685.	
( 32) JULIE HEGGENESS ----- EXEC DIR PLANNED GIVING	50.00 0.					X	0.	184,684.	19,300.	
( 33) ANGELINA MORANO ----- SR DIR MAJOR GIFTS	50.00 0.					X	0.	144,133.	20,154.	
( 34) STACY SKWARLO ----- DIRECTOR DEVELOPMENT	50.00 0.					X	0.	147,360.	17,337.	
<b>1b Sub-total</b> . . . . . ▶										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶										

**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 ▶ 0.

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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

**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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	72,560.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,454,761.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	525,000.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	36,545,623.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		5,541,778.					
	<b>h Total.</b> Add lines 1a-1f . . . . .		39,597,944.					
	<b>Program Service Revenue</b>	<b>2a</b> RENTAL REVENUE-TAX EXEMPT AFFILIATES	<b>Business Code</b>					531190
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				32,142.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			7,341,768.			7,341,768.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .				0.		
	<b>8a</b> Gross income from fundraising events (not including \$ 2,454,761. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		262,636.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	377,968.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-115,332.			-115,332.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				0.				
<b>12 Total revenue.</b> See instructions. . . . .				46,856,522.	32,142.		7,226,436.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	22,367,997.	22,367,997.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,703,757.		340,751.	1,363,006.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	3,749,961.		749,993.	2,999,968.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	534,717.		464,505.	70,212.
9 Other employee benefits . . . . .	390,815.		78,163.	312,652.
10 Payroll taxes . . . . .	314,668.		62,934.	251,734.
11 Fees for services (non-employees):				
a Management . . . . .	127,008.		25,402.	101,606.
b Legal . . . . .	18,011.		3,602.	14,409.
c Accounting . . . . .	181,871.		181,871.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	715,730.		715,730.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
12 Advertising and promotion . . . . .	813,551.		162,710.	650,841.
13 Office expenses . . . . .	451,575.		90,315.	361,260.
14 Information technology . . . . .	62,571.		12,514.	50,057.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	107,259.		21,452.	85,807.
17 Travel . . . . .	52,780.		10,556.	42,224.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	642,848.		128,570.	514,278.
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	32,235,119.	22,367,997.	3,049,068.	6,818,054.
<b>26 Joint costs.</b> 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) . . . . .	0.			

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	16,909,441.	<b>1</b>	18,938,087.
	<b>2</b> Savings and temporary cash investments	10,741,075.	<b>2</b>	18,271,994.
	<b>3</b> Pledges and grants receivable, net	80,331,605.	<b>3</b>	80,551,403.
	<b>4</b> Accounts receivable, net	155,834.	<b>4</b>	225,025.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	60,000.	<b>5</b>	60,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	92,320.	<b>9</b>	121,074.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 299,605.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 110,987.	<b>10c</b>	188,618.
	<b>11</b> Investments - publicly traded securities	46,333,550.	<b>11</b>	50,375,837.
	<b>12</b> Investments - other securities. See Part IV, line 11	117,276,212.	<b>12</b>	121,843,650.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	0.	<b>15</b>	57,348.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	271,900,037.	<b>16</b>	290,633,036.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	10,264,391.	<b>17</b>	7,851,593.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	2,785,453.	<b>25</b>	3,446,801.
	<b>26 Total liabilities.</b> Add lines 17 through 25	13,049,844.	<b>26</b>	11,298,394.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	10,542,303.	<b>27</b>	24,004,486.
	<b>28</b> Temporarily restricted net assets	175,178,025.	<b>28</b>	182,283,221.
	<b>29</b> Permanently restricted net assets	73,129,865.	<b>29</b>	73,046,935.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	258,850,193.	<b>33</b>	279,334,642.
	<b>34</b> Total liabilities and net assets/fund balances	271,900,037.	<b>34</b>	290,633,036.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,856,522.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,235,119.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,621,403.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	258,850,193.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,982,485.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	9,845,531.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	279,334,642.

**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 in 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 in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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 or 990-EZ).)
- 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 in 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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	36,876,427.	40,003,525.	35,486,111.	34,109,635.	39,597,944.	186,073,642.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	36,876,427.	40,003,525.	35,486,111.	34,109,635.	39,597,944.	186,073,642.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						18,626,240.
<b>6 Public support.</b> Subtract line 5 from line 4						167,447,402.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	36,876,427.	40,003,525.	35,486,111.	34,109,635.	39,597,944.	186,073,642.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	8,848,116.	8,773,625.	4,336,773.	10,288,834.	7,341,768.	39,589,116.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	50,047.			50,119.		100,166.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						225,762,924.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	119,292.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	74.17%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.21%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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.

14 First five 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 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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**

- 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **HOAG HOSPITAL FOUNDATION**

Employer identification number  
95-3222343

**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		\$ 7,438,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,885,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,797,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,780,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,039,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,300,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **HOAG HOSPITAL FOUNDATION**

Employer identification number  
**95-3222343**

**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
7		\$ 1,043,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 957,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 941,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 831,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HOAG HOSPITAL FOUNDATION**

**Employer identification number**

95-3222343

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization HOAG HOSPITAL FOUNDATION

Employer identification number  
95-3222343

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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

HOAG HOSPITAL FOUNDATION

Employer identification number

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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 are a 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 programs
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 12.6300 %
b Permanent endowment 31.7500 %
c Temporarily restricted endowment 55.6200 %

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

Table with 2 columns: Yes, No. Rows: 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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	45,245,726.	FMV
(B) HEDGE FUNDS	36,259,949.	FMV
(C) EQUITY	24,473,555.	FMV
(D) REAL ASSETS	15,864,420.	FMV
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	121,843,650.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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 HOSPITAL	3,446,801.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,446,801.	

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 FIN 48 (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 description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 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 description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 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.

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.

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

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	0.	0.	INVESTMENTS		44,241,708.
(2) EUROPE	0.	0.	INVESTMENTS		1,951,563.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					46,193,271.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					46,193,271.

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

Schedule F (Form 990) 2018

**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 tax-exempt 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).

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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, 2018.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**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.

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

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 | <input type="checkbox"/> Mail solicitations               | e | <input type="checkbox"/> Solicitation of non-government grants |
| b | <input type="checkbox"/> Internet and email solicitations | f | <input type="checkbox"/> Solicitation of government grants     |
| c | <input type="checkbox"/> Phone solicitations              | g | <input type="checkbox"/> Special fundraising events            |
| d | <input type="checkbox"/> In-person solicitations          |   |  |
- 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							
<b>Total</b> .....							

- 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
		CIRCLE 1000 (event type)	CHRISTMAS BALL (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,027,478.	1,414,269.	275,650.	2,717,397.
	<b>2</b> Less: Contributions . . . . .	1,000,105.	1,199,676.	254,980.	2,454,761.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	27,373.	214,593.	20,670.	262,636.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	8,424.	32,200.		40,624.
	<b>9</b> Other direct expenses . . . . .	49,432.	143,671.	144,241.	337,344.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				377,968.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-115,332.

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://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 MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG DR. BOX 6100 NEWPORT BEACH, CA 92658	95-1643327	501(C)(3)	21,719,715.				PROGRAM SUPPORT
(2) ORTHOPEDIC EDUCATION AND RESEARCH INSTITUTE 280 SOUTH MAIN STREET ORANGE, CA 92868	75-3076627	501(C)(3)	573,282.				RESEARCH ORTHOPEDIC CARE
(3) JW PSYCHOLOGICAL SERVICES LLC 3900 W COAST HWY 380 NEWPORT BEACH, CA 92663	27-1355820		75,000.				TEEN BRAIN PROGRAM SUPPORT
(4)							
(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 2.

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) (2018)

**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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS  
 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

Name of the organization

HOAG HOSPITAL FOUNDATION

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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 checked="" 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 filing 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
<b>1b</b>	X	
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 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				
1 ROBERT BRAITHWAITE BD MBR/CEO-HOAG/REG VP-S CA RG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	800,010.	324,316.	4,027.	163,243.	16,062.	1,307,658.	0.
2 KENYA BECKMANN SR VP FOR DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	322,400.	42,718.	739.	26,027.	17,354.	409,238.	0.
3 DEBRA MCCUNE VP STEWARDSHIP/DEVELOPMENT OPS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	195,858.	25,363.	2,844.	18,700.	9,619.	252,384.	0.
4 CHRISTIAN WARD EXEC DIR MAJOR GIFTS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	205,301.	14,839.	10,828.	17,835.	17,312.	266,115.	0.
5 DEBORAH DOMINGUEZ EXEC DIR COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,206.	13,670.	3,042.	15,689.	10,996.	222,603.	0.
6 ADAM DE LA PENA-GAFKE VP DEV OPS & CAMPAIGNS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	148,448.	9,883.	12,072.	17,137.	10,792.	198,332.	0.
7 JULIE HEGGENESS EXEC DIR PLANNED GIVING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	168,540.	12,650.	3,494.	12,182.	7,118.	203,984.	0.
8 GREG GISSENDANNER VP DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	259,325.	17,201.	28,254.	24,653.	870.	330,303.	0.
9 ANGELINA MORANO SR DIR MAJOR GIFTS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,490.	6,310.	333.	10,632.	9,522.	164,287.	0.
10 FLYNN ANDRIZZI PRESIDENT/SVP HMHP/BD MBR HCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	427,903.	183,745.	5,581.	47,417.	20,970.	685,616.	0.
11 STACY SKWARLO DIRECTOR DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	139,632.	7,445.	283.	6,716.	10,621.	164,697.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
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.

THE ORGANIZATION'S PRESIDENT WAS PROVIDED WITH A RELOCATION LOAN. EACH YEAR THERE IS IMPUTED INCOME THAT IS GROSSED UP FOR TAX PURPOSES WHICH IS REPORTED AS TAXABLE INCOME TO THE EXECUTIVE AND INCLUDED IN COLUMN B (III) OF PART II.

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 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.

THERE WERE NO PAYOUTS FROM THE PLAN DURING THE YEAR.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) FLYNN ANDRIZZI	PRESIDENT			RECRUITMENT		X	335,000.	60,000.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$ 60,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>HOAG HOSPITAL FOUNDATION</b>	Employer identification number <b>95-3222343</b>
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**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	32.	5,541,778.	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 . . . . .				
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 IV, Donee Acknowledgement . . . . . **29**

		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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		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) 2018

JSA

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**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.

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SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

**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.

**2018**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

Name of the organization

HOAG HOSPITAL FOUNDATION

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;

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
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- 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 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. MANAGEMENT, INCLUDING AN OFFICER OF THE ORGANIZATION, PREPARES AND REVIEWS THE FORM 990. 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

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
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CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE CONSUMMATION OF ANY CONTRACT OR TRANSACTION. OFFICERS, DIRECTORS, NON-DIRECTOR MEMBERS OF BOARD COMMITTEES, AND SENIOR EXECUTIVES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. INDIVIDUAL TRANSACTIONS THAT OCCUR BETWEEN THE ANNUAL QUESTIONNAIRES ARE REVIEWED BY THE CORPORATION'S LEGAL AND COMPLIANCE OFFICERS FOR POTENTIAL CONFLICT OF INTEREST. ANY DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT SHALL REFRAIN FROM VOTING ON ANY MATTER RELATING TO THE CONTRACT, TRANSACTION OR ARRANGEMENT, OR BE EXCUSED FROM ANY MEETING WHERE THE PROPOSED CONTRACT IS DISCUSSED.

FORM 990, PART VI, 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

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
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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 SIX YEARS. THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN SEPTEMBER 2018.

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, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN SPLIT INTEREST AGREEMENTS (\$ 9,845,531)

UBI LOSS FROM PARTNERSHIPS/LLC'S \$ OPEN

TOTAL (\$ 9,845,531)

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
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ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CREATIVE SHOEBOX INC. 1742 AMHERST RD TUSTIN, CA 92780	DESIGN/ARTWORK	204,300.
DALEY MEDIA GROUP INC. 19744 BEACH BLVD STE 144 HUNTINGTON BEACH, CA 92648	VIDEO PRODUCTION	120,700.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) COVENANT ACO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	X	
(2) COVENANT HEALTH NETWORK, INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	X	
(3) COVENANT HEALTH PARTNERS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	X	
(4) COVENANT HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	X	
(5) COVENANT HEALTH SYSTEM FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	X	
(6) COVENANT MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(7) COVENANT MEDICAL GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	X	

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

Schedule R (Form 990) 2018



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) E. WA & MT UNEMPLOYMENT COMP INSR TRUST 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12, I	PHS WA	X	
(2) EVERETT TRANSITIONAL CARE SERVICES PO BOX 5128 EVERETT, WA 98206-5128 94-3264605	TRANS. CARE	WA	501(C)(3)	10	N/A		X
(3) FACEY MEDICAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCIAL	X	
(4) GAMELIN WASHINGTON ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(5) GLOBAL TO LOCAL HEALTH INITIATIVE 2800 SOUTH 192ND ST. #104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	X	
(6) HMTS, INC. 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12, I	HMHP	X	
(7) HOAG CHARITY SPORTS 2081 BUSINESS CTR DR, STE 195 IRVINE, CA 92612 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) HOAG CLINIC (FKA COASTAL MGMT SVCS ORG) 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	501(C)(3)	10	HMHP	X	
(2) HOAG MEMORIAL HOSPITAL PRESBYTERIAN 95-1643327 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(3) HOSPICE OF LUBBOCK 75-2133781 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	TX	501(C)(3)	10	CHS	X	
(4) INLAND NORTHWEST HEALTH SERVICES 91-1307555 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	PHS WA	X	
(5) INSTITUTE FOR MENTAL HEALTH & WELLNESS 81-4260130 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	PHS/SJHS	X	
(6) INSTITUTE FOR SYSTEMS BIOLOGY 91-2003593 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	WHC	X	
(7) JOHN WAYNE CANCER INSTITUTE 95-4291515 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	4	PSJHC	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

95-3222343

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(1)					
(2)					
(3)					
(4)					
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**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
(1) KADLEC AUXILIARY, INC. 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	X	
(2) KADLEC FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 23-7005501	SUPPORT	WA	501(C)(3)	12, I	KRMC	X	
(3) KADLEC REGIONAL MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(4) LITTLE COMPANY OF MARY ANCILLARY SVCS CO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCIAL	X	
(5) LUBBOCK METHODIST HOSPITAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	X	
(6) LUNDBERG ASSOCIATION/PROVIDENCE HOUSE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	X	
(7) MARSHA RIVKIN CTR FOR OVARIAN CANCER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

95-3222343

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**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
(1) METHODIST CHILDREN'S HOSPITAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(2) METHODIST HOSPITAL LEVELLAND 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(3) METHODIST HOSPITAL PLAINVIEW 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	X	
(4) MISSION HOSPITAL REGIONAL MEDICAL CTR 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(5) NORTHWEST HOPE & HEALING FOUNDATION PO BOX 16069 SEATTLE, WA 98116 20-0799737	SUPPORT	WA	501(C)(3)	12, I	SHS	X	
(6) PACMED CLINICS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	X	
(7) PH&S FOUNDATION/SFVSA & SCVSA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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
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**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
(1) PROVIDENCE ALASKA FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	AK	501(C)(3)	12, I	PHS WA	X	
(2) PROVIDENCE BENEDICTINE NURSING CTR FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(3) PROVIDENCE BLANCHET ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(4) PROVIDENCE CHILDREN'S HEALTH FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	OR	501(C)(3)	7	PHS OR	X	
(5) PROVIDENCE COMMUNITY HEALTH FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(6) PROVIDENCE DETHMAN HOUSE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	N/A		X
(7) PROVIDENCE GAMELIN HOUSE ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	

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Schedule R (Form 990) 2018

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

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**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
(1) PROVIDENCE HEALTH & SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		X
(2) PROVIDENCE HEALTH & SERVICES - MONTANA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(3) PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	X	
(4) PROVIDENCE HEALTH & SERVICES - WA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	X	
(5) PROVIDENCE HEALTH & SERVICES - WEST WA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PM/WHC	X	
(6) PROVIDENCE HEALTH ASSURANCE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	X	
(7) PROVIDENCE HEALTH CARE FNDN - E. WA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
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Internal Revenue Service

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Name of the organization

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Employer identification number

95-3222343

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(1)					
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**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
(1) PROVIDENCE HEALTH CARE FNDN (CENTRALIA) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	X	
(2) PROVIDENCE HEALTH PLAN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(4)	N/A	PPP	X	
(3) PROVIDENCE HEALTH SYSTEM - SO CAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	PHS	X	
(4) PROVIDENCE HOOD RIVER MEM HOSP FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(5) PROVIDENCE HOSPICE AND HOME CARE FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	X	
(6) PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	X	
(7) PROVIDENCE LITTLE COMPANY OF MARY FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL	X	

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Schedule R (Form 990) 2018

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Name of the organization

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Employer identification number

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(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
(1) PROVIDENCE MARIANWOOD FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 93-1554288	HEALTHCARE	WA	501(C)(3)	12, I	PHS W WA	X	
(2) PROVIDENCE MEDICAL INSTITUTE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCIAL	X	
(3) PROVIDENCE MILWAUKIE FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(4) PROVIDENCE MINISTRIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1188119	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		X
(5) PROVIDENCE MOUNT ST. VINCENT FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 93-0889144	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	
(6) PROVIDENCE NEWBERG HEALTH FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 31-1629656	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(7) PROVIDENCE PETER CLAVER ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	

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Schedule R (Form 990) 2018



**SCHEDULE R  
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Name of the organization

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Employer identification number

95-3222343

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						Yes	No
(1) PROVIDENCE PLAN PARTNERS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	X	
(2) PROVIDENCE PORTLAND MEDICAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(3) PROVIDENCE ROSSI ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	10	PHS WA	X	
(4) PROVIDENCE SAINT JOHN'S HEALTH CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	PHS SOCIAL	X	
(5) PROVIDENCE SAINT JOHN'S MEDICAL FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	PHS SOCIAL	X	
(6) PROVIDENCE SEASIDE HOSPITAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(7) PROVIDENCE ST. ELIZABETH HOUSE ASSOC. 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	

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(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
(1) PROVIDENCE ST. FRANCIS ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2) PROVIDENCE ST. JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	N/A		X
(3) PROVIDENCE ST. JOSEPH HEALTH FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-3078543	HEALTHCARE	WA	501(C)(3)	12, I	PHS WA	X	
(4) PROVIDENCE ST. JOSEPH MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(5) PROVIDENCE ST. MARY FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	
(6) PROVIDENCE ST. PETER FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	X	
(7) PROVIDENCE ST. VINCENT MEDICAL FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) PROVIDENCE TRINITYCARE HOSPICE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	X	
(2) PROVIDENCE TRINITYCARE HOSPICE FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	X	
(3) PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	X	
(4) QUEEN OF THE VALLEY MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(5) REDWOOD MEMORIAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	X	
(6) REDWOOD MEMORIAL HOSPITAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(7) SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) SANTA ROSA MEMORIAL HOSPITAL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(2) SEATTLE SCIENCE FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	PHYSN COLLAB	WA	501(C)(3)	7	WHC	X	
(3) SISTERS OF PROVIDENCE OF MONTANA CORP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SHELL CORP	MT	501(C)(3)	1	PHS WA		X
(4) SISTERS OF ST. JOSEPH OF ORANGE 480 S. BATAVIA ORANGE, CA 92868	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		X
(5) SRM ALLIANCE HOSPITAL SERVICES (PVH) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	SRMH	X	
(6) ST. JOSEPH HEALTH MINISTRY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		X
(7) ST. JOSEPH HEALTH N. CALIFORNIA, LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) ST. JOSEPH HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		X
(2) ST. JOSEPH HEALTH SYSTEM FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	X	
(3) ST. JOSEPH HERITAGE HEALTHCARE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(4) ST. JOSEPH HOME CARE NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	X	
(5) ST. JOSEPH HOSPITAL OF EUREKA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(6) ST. JOSEPH HOSPITAL OF ORANGE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(7) ST. JUDE HOSPITAL, INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) ST. LUKE ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(2) ST. MARY MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	CHN	X	
(3) ST. MARY OF THE PLAINS HOSPITAL FDN 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	TX	501(C)(3)	7	CHS	X	
(4) ST. PATRICK HOSPITAL FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	MT	501(C)(3)	7	PHS WA	X	
(5) ST. THOMAS CHILD AND FAMILY CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	EDUCATION	MT	501(C)(3)	10	PHS WA	X	
(6) SWEDISH EDMONDS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	WHC	X	
(7) SWEDISH HEALTH SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	3	WHC	X	

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Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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Name of the organization

HOAG HOSPITAL FOUNDATION

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
(1) SWEDISH MEDICAL CENTER FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HEALTHCARE	WA	501(C)(3)	7	SHS	X	
(2) SWEDISH MJM HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	HOLDING CO	WA	501(C)(3)	12, I	SHS	X	
(3) THE GAMELIN ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(4) THE GAMELIN CALIFORNIA ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	CA	501(C)(3)	10	PHS SOCIAL	X	
(5) THE GAMELIN OREGON ASSOCIATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SUPPORT	OR	501(C)(3)	10	PHS OR	X	
(6) UNIVERSITY OF PROVIDENCE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	EDUCATION	MT	501(C)(3)	2	PHS	X	
(7) WESTERN HEALTHCONNECT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057-9016	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	X	

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Schedule R (Form 990) 2018

**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) 20TH STREET SURGERY LLC SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(2) BROADWAY IMAGING, LLC SEE PART VII	MEDICAL IMAGING	MT	N/A	N/A								
(3) CENTER FOR SPECIALTY SURGERY SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(4) CLACKAMAS RADIATION ONCOL CTR SEE PART VII	RADIATION ONCOL	OR	N/A	N/A								
(5) COASTAL ASC HOLDINGS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6) COVENANT LONG-TERM CARE, LP SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(7) CTR FOR MED IMAGING-BRIDGEPORT SEE PART VII	IMAGING DIAG.	OR	N/A	N/A								

**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) AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE, BD HM08	CAPTIVE INSURANCE	BD	N/A	C-CORP					
(2) 1221 MADISON STREET OWNERS ASSOC. 747 BROADWAY SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C-CORP					
(3) AYIN HEALTH SOLUTIONS, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	DE	N/A	C-CORP					
(4) BOURGET HEALTH SERVICES, INC. P.O. BOX 2687 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C-CORP					
(5) CARON HEALTH CORPORATION 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	MED PHYS SVCS	MT	N/A	C-CORP					
(6) DATU HEALTH, INC AND SUBSIDIARIES 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	IT SVCS	DE	N/A	C-CORP					
(7) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C-CORP					



**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) CTR FOR MED IMGING-TANASBOURNE SEE PART VII	IMAGING DIAG.	OR	N/A	N/A								
(2) FULLERTON SURGICAL CTR LP SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(3) GREATER VALLEY MED BLDG SEE PART VII	REAL ESTATE - MOB	CA	N/A	N/A								
(4) HCSA PROPERTIES LLC SEE PART VII	REAL ESTATE RENT	WA	N/A	N/A								
(5) HERITAGE INVESTMENT GROUP SEE PART VII	INVESTMENTS	CA	N/A	N/A								
(6) HOAG ORTHOPEDIC INSTITUTE SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(7) HOAG OUTPATIENT CENTERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								

**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) GRACE CLINIC SERVICES, INC. 20-3857067 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C-CORP					
(2) HOAG CLINIC (FKA COASTAL MGM SVS ORG) 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C-CORP					
(3) HOAG MANAGEMENT SERVICES, INC 33-0731587 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C-CORP					
(4) LUBBOCK METHODIST HOSP PRACTICE MGMT 75-2578995 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INACTIVE	TX	N/A	C-CORP					
(5) LUBBOCK METHODIST HOSPITAL SVCS 75-2118585 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C-CORP					
(6) LUMEDIC ACQUISITION CO INC 83-3881097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	WA	N/A	C-CORP					
(7) MISSION VIEJO MEDICAL VENTURES 33-0212905 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C-CORP					

**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) INLAND IMAGING, LLC SEE PART VII	MEDICAL IMAGING	WA	N/A	N/A								
(2) LSC REAL PROPERTY, LLC SEE PART VII	REAL ESTATE	TX	N/A	N/A								
(3) METHODIST DIAGNOSTIC IMAGING SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(4) NEWPORT BAY SURGERY CTR, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(5) NEWPORT BEACH ENDOSCOPY CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6) NEWPORT IMAGING CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(7) NEWPORT SURGICAL PARTNERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								

**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) PHN HOLDINGS 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	STRAT PLAN SVCS	CA	N/A	C-CORP					
(2) PIONEER INNOVATIONS, INC. 36-4818191 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTH INNOVATNS	WA	N/A	C-CORP					
(3) PROVIDENCE ASSURANCE INC. 20-8194071 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	CAPTIVE INSURANCE	AZ	N/A	C-CORP					
(4) PROVIDENCE HEALTH CARE VENTURES, INC. 90-0155714 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	CLIN/MED LAB	WA	N/A	C-CORP					
(5) PROVIDENCE HEALTH NETWORK 80-0886966 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	PREPAID HEALTH	CA	N/A	C-CORP					
(6) PROVIDENCE HEALTH VENTURES, INC. 33-0122216 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INVESTMENT	CA	N/A	C-CORP					
(7) ST. JOSEPH HEALTH 46-2340232 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HOLDING COMPANY	CA	N/A	C-CORP					

**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) NORTH BAY ENDOSCOPY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) OREGON ADVANCED IMAGING, LLC SEE PART VII	MEDICAL IMAGING	OR	N/A	N/A								
(3) OREGON OUTPATIENT SURGERY CTR SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(4) PET/CT IMG SWEDISH CANCER INST SEE PART VII	MEDICAL IMAGING	WA	N/A	N/A								
(5) PHS INVESTMENT TRANSITION PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST 2015 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								

**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) ST. JOSEPH HEALTH SOURCE, INC 46-1900168 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C-CORP					
(2) ST. JOSEPH PROF SVCS. ENTERPRSES, INC 33-0155323 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C-CORP					
(3) VINSERRA, INC. 95-3943315 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INVESTMENT	CA	N/A	C-CORP					
(4) WESTERN HEALTHCONNECT VENTURES, INC. 80-0953654 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INVESTMENT	WA	N/A	C-CORP					
(5) YAKIMA MEDICAL ARTS, INC. 91-0787963 611 N. PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C-CORP					
(6)									
(7)									

**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) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST BANK LOAN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST COMMODITI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST HEDGE FUN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST LDI PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST LONG TREA SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST MLP PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								

**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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) PHS INVESTMENT TRUST PUBLIC DE SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQ SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST RELATIVE SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST RISK PARI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST SHORT TER SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST TACTICAL SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST TIPS PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								

**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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) PORTLAND MEDICAL IMAGING, LLC SEE PART VII	IMAGING DIAG.	OR	N/A	N/A								
(2) PROV. RADIATION ONCOLOGY DEV SEE PART VII	REAL ESTATE - MOB	OR	N/A	N/A								
(3) PROVIDENCE CHILDREN'S NEONATAL SEE PART VII	NEONATAL CARE	WA	N/A	N/A								
(4) PROVIDENCE IMAGING CENTER SEE PART VII	MEDICAL IMAGING	AK	N/A	N/A								
(5) PROVIDENCE PARTNERS FOR HEALTH SEE PART VII	CLIN QUALITY/INT	CA	N/A	N/A								
(6) PROVIDENCE ST. JOSEPH HEALTH L SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PROVIDENCE SURGERY CENTER, LLC SEE PART VII	AMBULATORY SURG	MT	N/A	N/A								

**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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) PROVIDENCE/SILVERTON REHAB SEE PART VII	REHAB SERVICES	OR	N/A	N/A								
(2) PROVIDENCE/USP SANTA CLARITA SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(3) PROVIDENCE/USP SURGERY CTRS SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(4) SHA, LLC SEE PART VII	HEALTHCARE	TX	N/A	N/A								
(5) SJO ASC HOLDINGS LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6) ST JOSEPH PHYSICIAN VENTURES SEE PART VII	REAL ESTATE	CA	N/A	N/A								
(7) ST. JOSEPH/SATELLITE DIALYSIS SEE PART VII	HEALTHCARE	CA	N/A	N/A								

**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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) ST. JUDE SURGICAL CENTERS, LLC SEE PART VII	AMBULATORY SURG	CA	N/A	N/A								
(2) SURGERY CTR AT TANASBOURNE LLC SEE PART VII	AMBULATORY SURG	KS	N/A	N/A								
(3) TARZANA PEDIATRIC VENTURES LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(4) THE MADISON SPOKANE INN, LLC SEE PART VII	HOTEL SERVICES	WA	N/A	N/A								
(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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									



**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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	21,719,715.	ACCRUAL
(2) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	K	594,024.	ACCRUAL
(3) HOAG CHARITY SPORTS	C	525,000.	ACCRUAL
(4) HOAG MEMORIAL HOSPITAL PRESBYTERIAN	P	8,945,958.	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

BROADWAY IMAGING, LLC

EIN: 52-2405971

ADDRESS: 500 W. BROADWAY MISSOULA, MT 59802

CENTER FOR SPECIALTY SURGERY, LLC

EIN: 26-3638838

ADDRESS: 11782 SW BARNES RD. PORTLAND, OR 97225

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

COVENANT LONG-TERM CARE, LP

EIN: 20-5033419

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

**Part VII Supplemental Information**

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

CTR. FOR MED. IMAGING-BRIDGEPORT, LLC

EIN: 26-0796953

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

CTR. FOR MED. IMAGING-TANASBOURNE, LLC

EIN: 20-0477972

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

FULLERTON SURGICAL CENTER LP

EIN: 47-0927394

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

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

**Part VII Supplemental Information**

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

HOAG ORTHOPEDIC INSTITUTE

EIN: 61-1588294

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

HOAG OUTPATIENT CENTERS, LLC

EIN: 45-3587572

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691

INLAND IMAGING, LLC

EIN: 91-1855796

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

LSC REAL PROPERTY, LLC

EIN: 47-4646059

ADDRESS: 2301 QUAKER AVENUE, LUBBOCK, TX, 79410

METHODIST DIAGNOSTIC IMAGING

EIN: 75-2343261

ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410

NEWPORT BAY SURGERY CENTER, LLC

EIN: 56-2518360

ADDRESS: 3333 W. PACIFIC COAST HWY, #100 NEWPORT BEACH, CA 92663

**Part VII Supplemental Information**

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

NEWPORT BEACH ENDOSCOPY CENTER, LLC

EIN: 77-0368744

ADDRESS: 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691

NEWPORT IMAGING CENTER

EIN: 33-0191776

ADDRESS: 360 SN MIGUEL, NEWPORT BEACH, CA 92660

NEWPORT SURGICAL PARTNERS, LLC

EIN: 39-2060266

ADDRESS: 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691

NORTH BAY ENDOSCOPY CENTER

EIN: 61-1559876

ADDRESS: 1383 N. MCDOWELL BLVD, SUITE 110, PETALUMA, CA 94954

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

PHS INVESTMENT TRANSITION PORTFOLIO

EIN: 47-2279711

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO

EIN: 81-2960145

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST BANK LOANS PORTFOLIO

EIN: 47-2357735

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

**Part VII Supplemental Information**

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

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO

EIN: 47-2293255

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST LDI PORTFOLIO

EIN: 47-2392060

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

EIN: 47-2385238

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST MLP PORTFOLIO

EIN: 47-2367538

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO

EIN: 47-2353569

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016



**Part VII Supplemental Information**

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

PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO

EIN: 47-2314743

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PHS INVESTMENT TRUST TIPS PORTFOLIO

EIN: 47-2402609

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

**Part VII Supplemental Information**

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

PORTLAND MEDICAL IMAGING, LLC

EIN: 20-1054971

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

PROV. RADIATION ONCOLOGY DEVELOP. ASSN., LLC

EIN: 26-0682491

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

PROVIDENCE CHILDREN'S NEONATAL SERVICES

EIN: 47-0918549

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PROVIDENCE IMAGING CENTER JOINT VENTURE

EIN: 92-0118807

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

PROVIDENCE PARTNERS FOR HEALTH, LLC

EIN: 45-4041798

ADDRESS: 501 S. BUENA VISTA ST. BURBANK, CA 91505

PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

ADDRESS: 1801 LIND AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

**Part VII Supplemental Information**

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

PROVIDENCE SURGERY CENTER, LLC

EIN: 84-1401625

ADDRESS: 902 N. ORANGE ST MISSOULA, MT 59802

PROVIDENCE/SILVERTON REHAB, LLC

EIN: 48-1287267

ADDRESS: 4400 NE HALSEY #425, PORTLAND, OR 97213

PROVIDENCE/USP SANTA CLARITA GP, LLC

EIN: 20-2829660

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

PROVIDENCE/USP SURGERY CENTERS, LLC

EIN: 20-0905938

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

SHA, LLC

EIN: 75-2569094

ADDRESS: 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750

SJO ASC HOLDINGS LLC

EIN: 82-1655501

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

**Part VII Supplemental Information**

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

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 AVE. SW, ATTN: TAX DEPARTMENT, RENTON, WA 98057-9016

SURGERY CENTER AT TANASBOURNE, LLC

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