Form <b>990</b>
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#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



A	For the	and e 2022 calendar year, or tax year beginning and e	ending						
B	Check if applicable	e: C Name of organization		D Employer identific	cation number				
	Addre: chang	e HOAG HOSPITAL FOUNDATION							
	Name chang	e Doing business as	95-3222343						
	Initial return		Room/suite	E Telephone number	r				
	Final return/	330 PLACENTIA AVE		(949) 764-72	19				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	43,570,441.				
	Ameno return	NEWFORT BEACH, CA 92005		H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer. Think ANDREAD		for subordinates	? Yes 🗴 No				
	pendir	<sup>99</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-exe	empt status: 🗴 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions				
_	Websit			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1977	State of legal domicile: CA				
Pa	art I	Summary							
e	1	Briefly describe the organization's mission or most significant activities:	IEDULE O						
Activities & Governance									
ern	2	Check this box if the organization discontinued its operations or dispose		I					
Š	3				24				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			22				
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		124					
ţ	6	Total number of volunteers (estimate if necessary)		450,194.					
Ac	/a				430,194.				
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		152,380,415.	35,336,304.				
anı	9			0.	0.				
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,609,672.	7,878,155.				
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-225,155.	-211,740.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		29,406,620.	40,457,641.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,287,783.	11,611,442.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	Ο.				
Del	. ь	Total fundraising expenses (Part IX, column (D), line 25) 12,679,9							
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,062,101.	5,432,401.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		44,756,504.	57,501,484.				
	19	Revenue less expenses. Subtract line 18 from line 12		141,008,428.	-14,498,765.				
OL	9		Be	ginning of Current Year	End of Year				
Net Assets	20	Total assets (Part X, line 16)		584,715,727.	543,042,123.				
tAs	21	Total liabilities (Part X, line 26)		18,007,275.	20,754,756.				
Re	22	Net assets or fund balances. Subtract line 21 from line 20		566,708,452.	522,287,367.				

#### Part II Signature Block

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

Sign	Signature of off	icer			Date					
Here	GEOFF MCCLO	SKEY, SVP								
	Type or print na	me and title								
	Print/Type prepa	arer's name	Preparer/s signature	Date		Check	PTIN			
Paid	HOLLY K. MO	EN	Hoter Voen	11/15	/23	ır self-employed	P01800653			
Preparer	Firm's name	KPMG LLP	0		Firm's	EIN 13-	-5565207			
Use Only	Firm's address	550 SOUTH HOPE STREET, ST	UITE 1500							
	LOS ANGELES, CA 90071 Phone no.213-									
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

	990 (2022) HOAG HOSPITAL FOUNDATION t III Statement of Program Service Accomplishments	95-3222343	Page <b>2</b>
Fai			
1	Check if Schedule O contains a response or note to any line in this Part III		
'	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	s X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s 🗴 No
4	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 m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 40,457,641. including grants of \$ 40,457,641. ) (Revenue	\$	
	PROVIDE SUPPORT TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN FOR EXPANSION,		
	EQUIPMENT, PROGRAMS, NURSING SCHOLARSHIPS AND VARIOUS OPERATING		
	EXPENSES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     40,457,641.	Form	<b>990</b> (2022
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HOAG HOSPITAL FOUNDATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
2	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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HOAG HOSPITAL FOUNDATION

Pai	Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	х		
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20			
270					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x	
Ŀ.	Schedule K. If "No," go to line 25a	24a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>				
•	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
00	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x	
32	Did the organization requidate, terminate, or dissorve and cease operations: <i>If 'Yes,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>	- 51			
52		32		x	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32			
33		22		x	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	1	
05 -	Part V, line 1	34	X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5	v	1	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v	
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	İ	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
С					
	(gambling) winnings to prize winners?	1c	X	<u> </u>	
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Part V         Statements Regarding Other HIS Filings and Tax Compliance         control wed           2a         Inter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements, the for the cached varies anding with a within the graphics faderal emplyment tax returns?         2a         b           b         I taisat one is reported on line 2a, did the arganization file all requires faderal emplyment tax returns?         3a         X           b         I'res, 'induity file calculary grand (all cognizations have an interact in or a signature or other authority over, a returnatial account in a treign coartry (such as a bank account, securities account, or other financial account)?         3a         X           b         I'res, 'induity file calculary granding benchments for FinQLN from 114, Report of Foreign Bank and Financial Accounts FEAP.         5a         X           b         I'res, 'induity file calculary granding BBS from 114, Report of Foreign Bank and Financial Accounts FEAP.         5a         X           c         I'res, 'induity file calculary granding BBS from 114, Report of Foreign Bank and Financial Accounts (FEAP.         5a         X           c         I'res, 'induity file calculary activation Bar from 114 Report of Foreign Bank and Financial Accounts (FEAP.         5a         X           c         I'res, 'induity file constration wide an exeruity grant activa the requires the activation activativation activation activat	Form	990 (2022) HOAG HOSPITAL FOUNDATION		95-322234	3	Р	age <b>5</b>		
2a         Enter the number of employees reported on from W43, Transmittal of Wage and Tax Statements.         2a         0           b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?         3a         X           b If the signification have unification have unification have an intervent on conscient of y 1000 rame during the year?         3b         X           b If the signification have unification have an intervent in or a signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification one or a line of the signification have an intervent in or a signification have an intervent have on that deductible an charitable corributions?         Bo         X           b If **Sci_1 dia the organization have an intervent state an ormal grading the probabilist has barding signification security exportation have an intervent state and ormal grading have provided in the properties of the form state in organization security in the donor of the value of the good on services provided in the proparazation security in the donor of the value of the go	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
If all estimating or and any with or within the span covered by this return       2a       0         3a Dd the organization have unrelated business grass income of \$1,000 or more during the yar?       3a       <						Yes	No		
b       If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?       20         a)       Define organization have unabled balaness grass income of 5,000 or most backelle O       3a       X         4a       At any time during the calendar year, did the organization have an interest in or a signature or other authority over, a financial account is alrengine account, securits account, or there financial accounts (EBAR).       X         b       If "ves," inste the name of the foreign ocurity (such as a backed count).       Security (security (security as a proh) to lot approximation for FiGCN Form 114, Report of Foreign Bank and Financial Accounts (EBAR).       Security (security (security as a proh) to lot approximation for Form 8888-17.       Security (security (security as a proh) to lot approximation file organization tate and report approximation and party to a prohibited ta shelter transaction?       Security (security (security as a contributions and party (security file) (security (security (security file) (security (security (security (security file) (security (security (secu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
3a         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           4a         Alary time during the calendar year, did the organization haves an interest in or a signature or other authority over, a financial account?         4a         A           4b         Alary time during the calendar year, did the organization have an interest in, or other financial account?         4a         A           5a         If "yes," enter the name of the foreign country iscurt is a stark and the transaction at any time during the tax year?         5a         X           5a         Was the organization in parts to cognization in ForCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           5a         Dotes the organization in broke on organization in ForCEN Form 114, Report of the approximation and the organization in the organization in the organization in the organization in the BOR 17         5a         X           5a         Dote the organization intoute with werey solicitation an appress statement that such contributions or gifts were not tax deductible ac intrabale corributions?         5a         X           5a         Dote the organization noility discoust and sarvies provided?         7a         X           7b         Tax in the organization noility discoust on approxes statement that such contributions or gifts were not tax deductible ac intabale corribution?         7a         X           7b         Tax in the ore		filed for the calendar year ending with or within the year covered by this return	2a	0					
b       If Yes, * has it flied a Form 980-T for this year? // * No' to line 30, provide an explanation on Schedule O       3b       X         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority orw, a timinical accounts of the financial accounts (PBAR).       5a       X         5a       Was the organization to a party to a prohibited tax shefter transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the organization that that was or is a party to a prohibited tax shefter transaction?       5c       X         5b       Did any taxable party notify the organization that any time of the organization near ongoing that as contributions at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that any come aparts that as contribution as orgins       5c       X         5b       Did any taxable party notify the organization that any come aparts that as contributions or gifts       5c       X         5c       Did any taxable party notify the organization that any come aparts that as contributions or gifts       5c       X         5c       Did the organization neares ess of S7 mede party as a contribution or any any tax so contrabution or any taxify the good and services provided the party organization neares tax solutions to canase acontrabuto organization neave ess of S7 mede party as a	b	) If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
4a Aray time during the calendary year, did the organization have an interest in, or a signature or other submity over, a da financial account in a foreign country (such as a hank account, securities account, or other financial accounts)?       4a       x         b       H**s," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a       x         5a       Was the organization by a prohibited tax shelter transaction at any time during the tax year?       5a       x         5a       If "res" to ita 5a or 5b, did the organization from 8880 T?       5a       x         5b       If "res" to ita 5a or 5b, did the organization in form 8880 T?       5a       x         6b       Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or achirable contributions?       7a       x         7b       Tys," ridit the organization notify the door of the value of the goods or services provided?       7a       x         7b       If "res," indicate the number of Forms 8282 filed during the year       Ta       7a       x         7c       X       Ta       X       Ta       X         7c       X       Ta       X       Ta       X         7c       X       Ta       X       Ta       X         8       Did t					3a	Х			
If manual account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       If Max is the organization the foreign country     5a     X       Sa Was the organization a party to a prohibited tax shear transaction at any thre during the tax year?     5a     X       So Did any taxable party notify the organization that twas or is a party to a prohibited tax shear transaction?     5a     X       So Did any taxable party notify the organization that twas or is a party to a prohibited tax shear transaction?     5a     X       So Did any taxable party notify the organization that twas or is a party to a prohibited tax shear transaction?     5a     X       So Did any taxable party notify the organization tax twas or is a party to a prohibited tax shear transaction?     5a     X       So Did any taxable party notify the organization nucled with every solitation and express statement that such contributions or gifts     5a     X       If Yes, ' did the organization nucled with every solitation and express statement that such contributions or gifts     7a     X       If If Yes, ' did the organization nucled with every solitation and express statement that such contributions or gifts     7a     X       If If Yes, ' did the organization nucled with every solitation and express provided?     7a     X       If If Yes, ' did the organization nucled with every solitation or a party tax be appress or other vehicle, did the organization file form 8282?     7a     X       If If Yes, ' did	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х			
b       If "Yes," enter the name of the foreign county."       Image: County of the termination approximation of the termination of termination of the termination of termination termination of termination termination termination of termination of termination terminatitentermination termination termination termina	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a					
See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization on a parky to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b       If "Yes," told the organization include with every solicitation an express statement that such contributions or gifts       7a       X         5b       If "Yes," did the organization notify the donor of the value of tangibite personal property for which it was required?       7a       X         7b       Did the organization and, did the year, party ensume, directly or organization function?       7a       X         7b       Did the organization and, accounts alsocial transport personal benefit contract?       7c       X         7b       Did the organization creave any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7b       Did the organization creave as pay tax bid distathuions under sectio		financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
Sa         Was the organization a party to a prohibiled tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         Sb         X           c         If Yes' to line 5a or 5b, did the organization time from 888677.         Sc         Sc         Sc           d         Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we end tax deductible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of the organization notify the donor of the value of the goods or services provided?         7a         X           b         If Yes, 'idid the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of cubic visit on indirectly, on a personal benefit contract?         7a         X           d         If Yes, 'indicate the number of Forms 8282 filed during the year         7d         X         Y           d         If the organization neceive a contribution of qualified intellectual property, id the organization file are form 8282 are equired?         7a         X	b								
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         So         X           cl "Yes" to line 5a or 5b, did the organization the form 8888-17.         So		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
if Yes' to line Sa or Sb, did the organization file Form 8886 17       56         Go Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any conthibutions that were not tax deductible is a chartable contributions?       56         b If Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         b If Yes,'' did the organization notify the donor of the value of the goods or services provided?       70         b If Yes,'' did the organization notify the donor of the value of the goods or services provided?       70         c View,'' did the organization notify the donor of the value of the goods or services provided?       70         c View,'' did the organization notify the donor of the value of the goods or services provided?       70         c View,'' indicate the number of Forms 8282 filed during the year       7d       7d         d If Yes,'' indicate the number of Forms 8282 filed during the year       7d       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?       7g       X         g If the organization neave excess buidness and time during the year?       9s       9s       9s         9 Dotthe s	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charabalic contributions?       6a       X         b If Yes; (di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       5c         7 Organizations that may receive deductible contributions under section 170(c).       5c       5c       7a       X         b If Yes; (di the organization netwie a payment in excess of \$25 made partly as a contribution and partly for goods and services provided?       7a       X         c Did the organization netwie a payment in excess of \$25 made partly as a contribution on a personal benefit contract?       7c       X         d If Yes; (indicate the number of Forms 8282 field during the year       7d       7a       X         f Dd the organization received a contribution of qualified intellectual property, for which it was required?       7fa       X         f If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089C?       7g       X         g Sponsoring organization make any taxable distributions under section 4966?       9a       9a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td>							X		
any contributions that were not tax deductible as charitable contributions?     6a     X       b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b     7b       a Did the organization notity the donor of the value of the goods or services provided?     7a     X       b If 'Yes, ' did the organization notity the donor of the value of the goods or services provided?     7a     X       c Did the organization notity the donor of the value of the goods or services provided?     7a     X       c Did the organization notity the donor of the value of the goods or services provided?     7a     X       d If 'Yes, ' indicate the number of Forms 8282 filed during the year     7d     7d     X       f Did the organization neeves any funds, directly or indirectly, on a personal benefit contract?     7c     X       f If the organization neeved a contribution of qualified intellectual property, did the organization file a Form 1098C?     7n     X       g If the organization meave are sets bidrigs at any time during the year?     9a     9a     9a       9 Sponsoring organization neeves boldings at any time during the year?     9a     9a     9a       9 Did the sponsoring organization have excess business boldings at any time during the year?     9a     9a       9 Sponsoring organization neave excess business boldings at an					5c				
b     If Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?     66       0     Organizations that may receive deductible contributions under section 170(c).     7a       10     If Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a       2     Did the organization notify the doors of the value of the goods or services provided?     7b     X       11     Tes," findicate the number of Forms 8282 filed during the year     7d     7c     X       12     Did the organization neceive any funds, directly or indirectly, on pay permitums on a personal benefit contract?     7c     X       12     Did the organization received a contribution of qualified intellectual property, did the organization for the value of the value of values     To a     7g     To       14     the organization and a control access to a value of undis.     Did the organization and a control during the year?     7g       16     the organization and a control action of advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       10     Did the sponsoring organization.     There?     10a     10a       11     Section 501(c)(2) organizations. Enter:     10a     10a     10a       12     Section 501(c)(2) organizations. Enter:     10a     10a     <	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit					
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       0     10 the organization neckve a payment in excess of \$7 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       0     17 'ves, " did the organization neckve a payment in excess of \$7 made partly as a contribution and partly for which it was required to file Form 8282?     7c     X       10     17 'ves, " indicate the number of Forms 8282 filed during the year     7d     X       10     10 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       11     11 the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8908 as required?     7h     X       12     11 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8908 as required?     7h     X       13     11 the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9b       14     10 da     10 da     10 da     10 da     10 da       15     Section 501(c)(7) organizations. Enter:     10 da     10 da     10 da       16     socions of the amount of tax-exempt interest received or accrued during the year? <td></td> <td>any contributions that were not tax deductible as charitable contributions?</td> <td></td> <td></td> <td>6a</td> <td></td> <td>X</td>		any contributions that were not tax deductible as charitable contributions?			6a		X		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization netwike a payment in excess of \$75 make parthy as a contribution and party for goods and services provided to the payor?       7a       X         b) If "Yes," ididate the number of Forms 8282? filed during the year       Td       Td       X         c) Did the organization netwing the year, pay premiums, one personal benefit contract?       7f       X         g) If the organization, during the year, pay premiums, one personal benefit contract?       7f       X         g) If the organization, during the year, pay premiums, one personal benefit contract?       7f       X         g) If the organization organization, during they year, pay premiums, directly or indirectly, or a personal benefit contract?       7f       X         g) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088C?       8         g) Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make and bitributions under section 4966?       9a         g) Section 501(c)(7) organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12       10a       10a         g) rose income from members or shareholders       11a       10a       10a       10a         g) rose income from members or shareholders       11a       10a       10a       10a </td <td>b</td> <td>If "Yes," did the organization include with every solicitation an express statement that such contributi</td> <td>ons o</td> <td>r gifts</td> <td></td> <td></td> <td></td>	b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts					
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required?       7a       X         f       If the organization neceived a contribution of cars, boats, aiptanes, or other vehicles, did the organization file Form 8089 as required?       7a       X         f       If the organization make any taxable distributions under section 4966?       9a       9b       Image: any time during the year?         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       Image: any time during the year?         10 de forsons received incombined on Form 900, Part VIII, line 12, for public use of club facilities       10a       10a       10a       10a <tr< td=""><td></td><td>were not tax deductible?</td><td></td><td></td><td>6b</td><td></td><td></td></tr<>		were not tax deductible?			6b				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year py remiums, or a personal benefit contract?       7e       X         f       If the organization, number of Forms 8282 filed during the year, py remiums, or a personal benefit contract?       7f       X         f       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       8         8       Sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make a distribution such as each of a door advised fund maintained by the sponsoring organization make a distribution to a door, door adviser, or related person?       9a         9       Did the sponsoring organization. Enter:       10b       11a         10 the organization functions prove that the sponsoring organization. Enter:       10b       10b         9       Gross income from there sources. By on tet amounts due or paid to other sources against amounts due or received from them.)       11a       12a         12a       If 1a <t< td=""><td>7</td><td>Organizations that may receive deductible contributions under section 170(c).</td><td></td><td></td><td></td><td></td><td></td></t<>	7	Organizations that may receive deductible contributions under section 170(c).							
b       Tool, Gud Versel, and Versel,	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	Х			
to file Form 8282?  d If 'Yes,'' indicate the number of Forms 8282 filed during the year  T d  T 'Yes,'' indicate the number of Forms 8282 filed during the year  D dt the organization received any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  F Did the organization received a contribution of qualified intellectual property, did the organization from 8899 as required?  H If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization from 8899 as required?  S Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make a distributions under section 4966?  S Sponsoring organizations maintaining door advised funds.  D dd the sponsoring organization make a distribution to a donor, donor advisor, or related person?  S Soction 501(c)(27) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  Gross income from thems or shareholders  G cross income from thems cores. (Do not net amounts due or paid to other sources against amounts due or received from them.)  S Section 501(c)(27) organizations. Enter:  a Is the organization licensed to issue qualified health plans in more than one state?  Mote: See the instructions for additional information the organization must report on Schedule O.  D Enter the amount of reserves the organization sequeries issuers.  a Is the organization is required to mainting by revise during the year?  D Enter the amount of reserves the organization is merite to maintain by the states in which the organization subject to the section 4960 acroped accel at 0 maintain by the states in which the organization subject to the section 4960 acroped accel at 0 maintain by the states in which the organization subject to the section 4960 acroped accel at 0 maintain by the states in which the organization subject to the section 4960 acro parymeters of more than \$1,000,000 in remuneratio	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х			
d if "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?       Td       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Td       X         g Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make a distribution of a advonr advised fund maintained by the sponsoring organization make any taxabie distributions under section 4966?       9a         b Did the sponsoring organization make and istribution is neluded on Part VIII, line 12       10a       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b         12 Section 501(c)(2) organizations. Enter:       10a       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         14	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 0889 as required?       7g       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       9a       9a       9b       9a       9a       9b       9a       9a       9a       9a       9b       9a       9a       9b       9a       9a       9b       9a       9a       9a       9a       9a       9b       10b       10a		to file Form 8282?			7c	Х			
a the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       1       X         f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organizations maintaining donor advised funds.       8       9       9         9 Sponsoring organization make a distribution to a donor, donor advised funds.       9a       9         10 the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         10 Gross receipts, included on Form 990, Part VIII, line 12.       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         13 Gross income from members or shareholders       11a       10b       12a       12a       12a         14 Gross income from other sources. (Do not net amounts due or palization filing Form 990 in lieu of Form 1041?       12a       12a       12a       12a       12a       12a       12a       12a       12a       13a       13a       13a       1	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organizations maintaining donor advised funds.       9a       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       Spection 501(c)? Organizations. Enter:       10a       10a       9b         11       Section 501(c)? Organizations. Enter:       10a       10b       11b       11b         12       Gross income from members or shareholders       11a       11b       12a       12a         13       Section 501(c)? (29) qualified nonprofit health insurance issuers.       11b       12a       12a         13       Section 501(c)(229) qualified nonprofit health plans in more than one state?       13a       13a         144       Did the sequarization receive any payments for indoor tanning services during the tax year?       14a       X         15       If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation on Schedule O       14b       15       X         144       Di	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       10a         12       Goross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) gualified nonprofit health insurance issuers.       11a       12a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         14       Did the organization receives any payments for indoor tanning services during the tax year?       14a       X         14       Did the organization is ubject to the section 4966 tax on payment(s) of more than \$1,000,000 in emuneration or excees parachute payment(s) during the year?       14a       X         14       Did the organization is ubject t	g	If the organization received a contribution of qualified intellectual property, did the organization file Fc	rm 88	99 as required?	7g				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Boit the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         12       Gross income from members or shareholders       11a       10b       11b         12       Section 501(c)(12) organizations. Enter:       11b       11b       12a         13       Gross income from members or shareholders       11a       11b       12a         14       b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         144       Dit the organization receive any payments for indoor tanning services during the taxy ear?	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h				
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   0 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   13a Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves on hand   14a Did the organization science of any payments for indoor tanning services during the xyear?   14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in renuneration or excees parachute payment(s) during the year?   15 Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4968 excise tax on net investment income?   16 X   17 If "Yes," complete Form 4720, Schedule N.   18 Is the organizatio	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e					
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(7) organizations. Enter:       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13c         14a       X         b If *Yes," has it field a Form 290 to report these payments? If *No," provide an explanation on Schedule O.       14a         b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excreas paraciton and educational institution subject to the section 4968 excise tax on net investment income?       14b         14a       X       14b       14b       14b <td></td> <td>sponsoring organization have excess business holdings at any time during the year?</td> <td></td> <td></td> <td>8</td> <td></td> <td></td>		sponsoring organization have excess business holdings at any time during the year?			8				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       11a       11a         a Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(2)29 upailfied nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Vote: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         14       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a <t< td=""><td>9</td><td>Sponsoring organizations maintaining donor advised funds.</td><td></td><td></td><td></td><td></td><td></td></t<>	9	Sponsoring organizations maintaining donor advised funds.							
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       Image: Contempt and the image:	12a		1041	?	12a				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Transmitted transmit									
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<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li></ul>									
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10									
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         16       X       17       17									
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17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       17         17       If "Yes," complete Form 6069.       17									
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If "Yes," complete Form 6069.					17				
	232005				Form	990	(2022)		

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Form	990 (2022) HOAG HOSPITAL FOUNDATION			3222343		P	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, ar	nd for a '	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			X
Sec	tion A. Governing Body and Management						
			1	ſ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		24			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the fo	rm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,					
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			Г	15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
0	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 50	)1(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explained)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest pol	icy, and	finano	cial	
	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 boo	ks and	d records				
	FLYNN ANDRIZZI - 949-764-7219						
	330 PLACENTIA AVE, NEWPORT BEACH, CA 92663				-	000	(000
232006	12-13-22 <b>7</b>				Form	390	(2022)
211	7 16 153541 3010163 2022.05000 HOAG HOS	ישדם		<u>י</u> ש א רד	<b>~</b> N7	<u>م</u> د	101
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Form 990 (2		95-3222343	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated						
	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.								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
	hours per			box, unless person i officer and a directo			n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>.</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		voldu	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT BRAITHWAITE	2.00		-			1 0				
CEO, HOAG HOSPITAL	57.00	х						٥.	3,232,319.	315,573.
(2) FLYNN ANDRIZZI	50.00									
PRESIDENT FOUNDATION	4.00	х		х				0.	750,940.	44,596.
(3) GEOFFREY M MCCLOSKEY	50.00									
VP SR FINANCE & DEVELOP OPS	0.00				х			0.	394,675.	21,171.
(4) DANNA GRANT	50.00									
VP SR ADVANCEMENT	0.00				х			0.	354,137.	42,600.
(5) GWEN RITTER	50.00									
VP DEVELOPMENT	0.00				х			0.	300,078.	41,957.
(6) LYDDY LEWIS	50.00									
VP DEVELOPMENT	0.00				х			0.	315,113.	25,900.
(7) ADAM DE LA PENA-GAFKE	50.00									
VP DEVELOP OPS & CAMPAIGNS	0.00				Х			0.	297,461.	35,774.
(8) JULIE HEGGENESS	50.00									
EXEC DIR PLAN. GIVING & LEGAL	0.00					X		0.	254,480.	25,539.
(9) SAMANTHA LANG	50.00									
VP DEVELOPMENT	0.00				Х			0.	264,364.	12,198.
(10) DEBRA MCCUNE	50.00									
EXEC DIR STEWARD & STRAT ENG	0.00					X		٥.	243,742.	27,720.
(11) CARA UISPRAPASSORN	50.00									
EXEC DIR DONOR EXPERIENCE	0.00					X		0.	214,372.	39,769.
(12) ANGELA MORANO	50.00									
DIRECTOR MAJOR GIFTS	0.00					X		0.	227,823.	24,876.
(13) SUSANA ERTAC	50.00									
EXEC DIR BENEFACTOR PROGRAM	0.00					X		0.	218,194.	17,572.
(14) RICHARD TAKETA	5.00									
BOARD CHAIR	0.00	Х						0.	0.	0.
(15) DEBORAH MARGOLIS	4.00									
BOARD VICE CHAIR	0.00	Х						0.	0.	0.
(16) KYLE WESTCOAT	4.00									
BOARD TREASURER	0.00	х						0.	0.	0.
(17) CAROLYN MCKITTERICK	4.00									
BOARD SECRETARY	0.00	Х						0.	0.	0.
232007 12 12 22										Form <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

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Form 990 (2022) HOAG HOSPITAL	J FOUNDATIO	N							95-32223	43		Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	<b>(B)</b> Average hours per week	box offi	, unle	Posi check i ss per nd a di	ition more rson i:	than o s both	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	on amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	mpens from t ganiza nd rela ganiza	he ation ated
(18) ANTHONY ALLEN	2.00				×							
BOARD MEMBER (19) VICTOR ASSAD	0.00	X					-	0.	0	•		0.
BOARD MEMBER	0.00	x						0.	0			0.
(20) PHILIP BELLING	2.00									-		
BOARD MEMBER	0.00	х						0.	0			٥.
(21) PATRICIA BERCHTOLD	2.00											
BOARD MEMBER	0.00	х						0.	0	•		٥.
(22) IRVING CHASE	2.00								0			0
BOARD MEMBER (23) DIANE CONNELLY	0.00	Х						0.	0	•		0.
BOARD MEMBER	0.00	x						0.	0			0.
(24) BENJAMIN DU	2.00									-		
BOARD MEMBER	0.00	х						0.	0			٥.
(25) GARY FUDGE	2.00	-										
BOARD MEMBER	0.00	х						0.	0	·		٥.
(26) MARK HARDTKE BOARD MEMBER	2.00	x						0.	0			0.
1b Subtotal	_		1	1		1		0.	7,067,698	·	675	,245.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	7,067,698	•	675	,245.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Yes	0 5 No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	ove	e, or	hiq	hest compensated emp	lovee on		100	
line 1a? If "Yes," complete Schedule J for su			•	•	-				•	3		x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	_
5 Did any person listed on line 1a receive or a										-		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J f	or si	uch r	Ders	on .				5		^
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100.000 of compens	ation f	rom	
the organization. Report compensation for t												
(A)								(B)			(C)	
Name and business							_	Description of s	ervices	Comp	ensati	on
ATTAIN CONSULTING, 1600 TYSONS BLVD S 1400, MC LEAN, VA 22102	SOLLE							SOFTWARE CONSULTAN	m		402	031
336 PRODUCTIONS								SOFTWARE CONSULTAN	1		402	,031.
2338 CORNELL DRIVE, COSTA MESA, CA 92	2626							VIDEOGRAPHY			126	,434.
· · · · · · · · · · · · · · · · · · ·												<u>.</u>
2 Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					2	2						
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								Form	n <b>990</b>	(2022)
232008 12-13-22												

13521116 153541 3010163

		npic	yee			lign	est	Compensated Employe		(5)
(A) Name and title	(B)				C)			(D) Reportable	(E) Bapartabla	(F)
Name and title	Average hours per	Position (check all that apply)				app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organizatior and related organization
27) JEREMY JONES	2.00									
BOARD MEMBER	0.00	Х						0.	0.	
(28) PAUL LIN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	
(29) DEVON MARTIN	2.00									
BOARD MEMBER	0.00	х						0.	0.	
(30) STEPHEN MUZZY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	
(31) AIDAN RANEY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	
(32) ROBERT ROTH	2.00									
BOARD MEMBER	0.00	х						0.	0.	
(33) KATHERINE SHEN	2.00									
BOARD MEMBER	0.00	х						0.	0.	
(34) SANDRA SIMON	2.00									
BOARD MEMBER	0.00	х						0.	0.	
(35) DANIEL YOUNG HOSPITAL BOARD CHAIR	2.00	x						0.	0.	
		-								
		-								
		-								
		<u> </u>								

232201 04-01-22

		(2022)		HOSPITA	L FOUND	DATION			95-322234	3 Page <b>9</b>
Pa	rt V		Statement of Rev	venue						
		(	Check if Schedule O c	ontains a	response	or note to any line			(C)	
							(A) Tatal museum	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ς, ω	1 :	a Fede	erated campaigns		1a	16,397.				
ant					1b					
ي ق			draising events		1c	1,925,614.				
Contributions, Gifts, Grants and Other Similar Amounts			ted organizations		1d	395,000.				
i Gi										
ns,			ernment grants (contri		1e					
er is	1		ther contributions, gifts, g	-		20.000.000				
Ę Ę			ar amounts not included		1f	32,999,293.				
ut p	9		ash contributions included in li		1g \$	4,041,165.				
<u>n n</u>		h Tota	I. Add lines 1a-1f				35,336,304.			
						Business Code				
e	2 8	a								
, zi										
Sei										
am Ser evenue		-								
Bea		e								
Program Service Revenue		6 <u>Allo</u>	ther program service r							
_			II. Add lines 2a-2f							
	3		stment income (includ							
	3			-			7,878,155.		450,194.	7,427,961.
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		130,131.	,,12,,501.
	4		me from investment o			Г				
	5	Roya	alties	<i>(</i> ;						
					) Real	(ii) Personal				
	6 :	a Gros	ss rents		18,505.					
		b Less	: rental expenses	6b	0.					
		<b>c</b> Rent	tal income or (loss)	6c	18,505.					
		d Neti	rental income or (loss)	<u></u>			18,505.			18,505.
	7 :	a Gross	s amount from sales of	(i) S	ecurities	(ii) Other				
		asset	ts other than inventory	7a						
		b Less	: cost or other basis							
ē		and s	ales expenses	7b						
evenue				7c						
			gain or (loss)							
Other R			s income from fundraisin							
Ę	0		iding \$ 1,9							
0					·					
			ributions reported on I	-		337,477.				
			IV, line 18							
			: direct expenses			567,722.	020.045			020.045
			income or (loss) from f				-230,245.			-230,245.
	9 8		s income from gamine							
			IV, line 19							
			: direct expenses							
		<b>c</b> Net i	income or (loss) from g	gaming ac	tivities					
			ss sales of inventory, le							
			allowances			a				
			cost of goods sold							
			income or (loss) from s			-				
						Business Code				
sn	11 :	а								
Jeo Ue										
scellaneo Bevenue										
Miscellaneous Revenue										
Ϊ			ther revenue							
			I. Add lines 11a-11d				12 002 710		450 104	7 016 001
	12		revenue. See instructio	ns			43,002,719.	0.	450,194.	7,216,221.
23200	9 12-1	13-22								Form <b>990</b> (2022)

232009 12-13-22

11

11

а

b

С

d

е

f

g

22

23

24

а b С d

е

25 26

HOAG HOSPITAL FOUNDATION

(D)

5,177,667.

819,520.

555,170.

317,052.

431,658.

10,886.

535,754.

559,602.

554.844.

259,510.

60,733.

977,797.

12,679,938.

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) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 40,457,641 40,457,641 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 2,419,745. trustees, and key employees 3,024,681. 604,936.

Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9 10

Payroll taxes Fees for services (nonemployees): Management

Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy

17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest 21

Payments to affiliates Depreciation, depletion, and amortization ..... Insurance Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PURCHASED SERVICES All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

178,645. 1,015,275.

693,555,

324,388.

75,916.

1,222,246.

57,501,484

12

669,693, 699,503.

1,024,400 693,962,

6,472,084.

539,573

13,607.

396,315.

1,294,417.

204,880

138,792

107,915

178,645

15,183

2,721

79,263.

1,015,275.

133,939 139,901 138,711 64,878

244,449

4,363,905

40,457,641

Form 990 (2022)

232010 12-13-22

Check here

HOAG HOSPITAL FOUNDATION

95-3222343 Page **11** 

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			34,761,853.	1	24,432,474.
2	Savings and temporary cash investments			6,656,483.	2	113,374,137.
3	Pledges and grants receivable, net			144,641,590.	3	117,954,286
4	Accounts receivable, net			199,612.	4	212,750
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua	-	as defined			
	under section 4958(f)(1)), and persons describe				6	
n   7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
	Inventories for sale or use				8	
₹ 9	<b>—</b> ··· ··· ···			268,348.	9	555,909
	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	1,223,035.			
	<b>b</b> Less: accumulated depreciation		420,078.	578,942.	10c	802,957
11	Investments - publicly traded securities	· · · ·		132,458,204.	11	74,189,384
12	Investments - other securities. See Part IV, line			265,150,195.	12	211,520,001
13	Investments - program-related. See Part IV, line			· ·	13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			500.	15	225
16	Total assets. Add lines 1 through 15 (must eq			584,715,727.	16	543,042,123
17	Accounts payable and accrued expenses			13,643,882.	17	13,052,622
18	Grants payable		· ·	18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
00						
	trustee, key employee, creator or founder, sub-					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unre	-			23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line					
	of Schedule D	,		4,363,393.	25	7,702,134
26				18,007,275.	26	20,754,756
	Organizations that follow FASB ASC 958, ch	eck here	X			
ß	and complete lines 27, 28, 32, and 33.					
27	<b>.</b>			146,973,230.	27	133,136,727
28				419,735,222.	28	389,150,640
2	Organizations that do not follow FASB ASC			· · ·		· · ·
27 28 29 30 31 32	and complete lines 29 through 33.	,				
29	Capital stock or trust principal, or current funds	S			29	
2 30	Paid-in or capital surplus, or land, building, or e				30	
2 31	Retained earnings, endowment, accumulated i				31	
32	Total net assets or fund balances			566,708,452.	32	522,287,367
			····· -	584,715,727.	33	543,042,123

Form 990 (2022)

232011 12-13-22

Form	990 (2022) HOAG HOSPITAL FOUNDATION	95-322234	.3	Pa	<sub>ae</sub> 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,	,002,	719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,	,501,	484.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,	,498,	765.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	566,	,708,	452.
5	Net unrealized gains (losses) on investments	5	-30,	,644,	722.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		722,	402.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	522,	,287,	367.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
LULL
Open to Public

intern	arrieve		Go to www.irs.gov	/Form990 for instruction	ns and the	e latest inf	ormation.		Inspection
Nan	ne of	the organization		<b>T</b> T 011					identification numbe
Pa	rt I	Reason for Public (	IOSPITAL FOUNDAT		omplete ti	his nart ) S	ee instruction		95-3222343
		nization is not a private found						13.	
1		A church, convention of ch					1// // ;/		
2	H	,	,			)( ם) סירו וופ	I)(A)(I).		
	H	A school described in <b>sect</b>				\L\/4\/A\/:	::)		
3	$\square$	A hospital or a cooperative					•	VIII) Entor	the beenitel's name
4		A medical research organiz		njunction with a nospital	uescribeu	in sectio	M 170(d)(1)(A	(III). Enter	the hospital's hame,
-		city, and state:	or the herefit of a co		l or operat	od by a go	vorpmontolu	nit dooorib	ad in
5		An organization operated for		bliege of university owned	i or operat	eu by a go	veninentaiu		
~		section 170(b)(1)(A)(iv). (0		and a start and the start and the start for		70/1-1/41/41	4.5		
6		A federal, state, or local go	-						e de la color e calle e el fre
7	X	An organization that norma	•	antial part of its support fi	om a gove	ernmental	unit or from t	ne general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe			-			In a diamand	
9		An agricultural research org	-			-		-	-
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	eor
40		university:			a				
10		An organization that norma	•					-	
		activities related to its exen income and unrelated busin		•	• •			• •	•
		See section 509(a)(2). (Co				5565 acqui		yan iization a	
11		An organization organized a		sively to test for public sa	fetv See	section 50	<b>19(a)(</b> 4)		
12	H	An organization organized	-	•	•			arry out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
		the supported organization	-	-	•	-		•••••	
		organization. You must o							
b		<b>Type II.</b> A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hay	/ina
		control or management of					-		-
		organization(s). You mus			•			0 11	
с		Type III functionally inte			in connec <sup>.</sup>	tion with, a	and functiona	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	tegrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	veness
		requirement (see instruct	tions). You must co	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functic	onally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iii) In the even	e sinchi e e li ste d			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o support (see i	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	Support (See 1		support (see instructions
						L	L		

Part II

HOAG HOSPITAL FOUNDATION

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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)** 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 97,847,499. 152,380,415. 35,336,304. 385,742,658. 39,597,944 60,580,496. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 39 597 944. 60,580,496, 97 847 499. 152,380,415. 35,336,304. 385,742,658. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 128,977,805. 256,764,853. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 (c) 2020 <u>(d)</u> 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (f) Total 39,597,944. 60,580,496, 97,847,499. 152,380,415. 35,336,304. 385,742,658. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7,341,768. 10,275,043 9,452,620 33,609,672. 7,446,466. 68,125,569. and income from similar sources 9 Net income from unrelated business activities, whether or not the 450,194, 450,194. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 454,318,421. **11 Total support.** Add lines 7 through 10 337.477. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 56.52 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 72.85 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			7	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6				_		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			, , , , , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	23 12-09-22		17	1		Sche	dule A (Form 990) 2022

1

Yes No

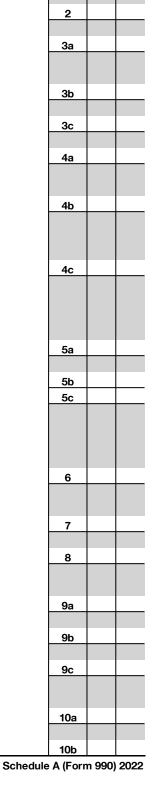
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2022			FOUNDATION
Part IV	Supporting O	rganizations	(continue	d)

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Yes No

2

# 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly controls, either alone or together with persons described on lines 11b above? Image: Control indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control indirectly control indirectly controls, either alone or together with persons described on line 11a above? Image: Control indirectly controls, either alone or together with persons described on line 11a above? Image: Control indirectly control indirectly controls, either alone or together with persons described on line 11a or 11b above? Image: Control indirectly controls, either alone or together with persons described on line 11a, 11b, or 11c, provide Image: Control indirectly control indirectly controls, either alone or together with persons described on line 11a or 11b above? Image: Control indirectly controls, either alone or together with persons described on line 11a, 11b, or 11c, provide Image: Control indirectly controls, either alone or together with persons described on line 11a or 11b above? Image: Control indine for the person described on line 11a, 11b

#### Section B. Type I Supporting Organizations

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported arganization(s)	1		

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

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

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

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

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructior	1 <u>s).</u>
------------	--	---------------------------------------------------	------------------------------------------------------------------------------	--------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

13521116 153541 3010163

2022.05000 HOAG HOSPITAL FOUNDATION 30101631

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	dule A (Form 990) 2022 HOAG HOSPITAL FOUNDATION			95-3222343 Pa
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

HOAG HOSPITAL FOUNDATION

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

Schedule A (Form 990) 2022

Section D - Distributions

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**Current Year** 

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Schedule A	(Form 990) 2022	HOAG HOSPITAL FOUNDATION	1	95-3222343	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 , lines 2 and 3; Part IV, Section E, li	ns required by Part II, line 10; Part II, line 17 c, 11a, 11b, and 11c; Part IV, Section B, line nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa i, and 6. Also complete this part for any add	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C,
232028 12-09-2	22		2.2	Schedule A (Form 9	990) 2022

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

# 2022

Employer identification number

95-3222343

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), 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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

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

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

Name of o	rganization	Employer identification number		
HOAG HOS	PITAL FOUNDATION		95-3222343	
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$4,041,23	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$4,000,00	D0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$4,000,00	D0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$2,000,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$1,084,50	Person     X       Payroll     Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$1,000,00	D0. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)	

Schedule B (Form 990) (2022)

2022.05000 HOAG HOSPITAL FOUNDATION 30101631

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Name of or	rganization	Emp	loyer identification number
HOAG HOS	PITAL FOUNDATION		95-3222343
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,000,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000. \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,000,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$941,642. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$	Person Payroll Occursion Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

2022.05000 HOAG HOSPITAL FOUNDATION 30101631

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Name of c	organization	Employer identification numbe		
HOAG HOS	SPITAL FOUNDATION		95	-3222343
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	PROPERTY AND SECURITIES			
1		\$4,041,	165.	11/21/22
(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
		\$		

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Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page <b>4</b>					
Name of o	rganization		Employer identification number					
HOAG HOS	SPITAL FOUNDATION		95-3222343					
		through (e) and the following line entry. charitable, etc., contributions of <b>\$1,000 or less</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations \$ for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·					

Schedule B (Form 990) (2022)

		Supplement	- Financial Statements		I	OMB No. 15	545-0047
			al Financial Statements nization answered "Yes" on Form 990,	5		<b>0</b> 00	<u>ງພະຫຼ</u>
(Forr	n 990)		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		ZUA		
	ment of the Treasury I Revenue Service		uttach to Form 990. 0 for instructions and the latest informat	ion.		Open to Inspecti	
-	e of the organization				Employer	identificatio	
	-	HOAG HOSPITAL FOUNDATION				95-3222343	
Pa		ations Maintaining Donor Advised		or Acc	counts.	Complete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	d)	) Funds and	d other accou	ints
1		nd of year					
2		f contributions to (during year)					
3 4		f grants from (during year)					
5		t end of year on inform all donors and donor advisors in v		d funds			
Ū	0	on's property, subject to the organization's	5			Yes	No
6		on inform all grantees, donors, and donor a					
	-	oses and not for the benefit of the donor o			•		
	impermissible priva					Yes	No No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, li	ine 7.		
1		servation easements held by the organization					
		of land for public use (for example, recrea					1
		f natural habitat	Preservation of a	a certifi	ed historic s	structure	
-		of open space					
2	Complete lines 2a day of the tax year	through 2d if the organization held a qualif	fied conservation contribution in the form o	f a cons		isement on th at the End of th	
				-	2a		
a b				Г	2a 2b		
c	v	vation easements on a certified historic stru	ucture included in (a)		20 2c		
		vation easements included in (c) acquired a		·····  -	20		
		isted in the National Register			2d		
3		vation easements modified, transferred, rel			ation during	the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	•	orcement of the conservation easements it				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easements	during the ye	ear
_		<u> </u>					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on ease	ements duri	ng the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h	)(/)(B)(i)	)		
Ū	and section 170(h)					Yes	No
9	( )	be how the organization reports conservation					
-		d include, if applicable, the text of the footn	-			he	
	organization's acc	ounting for conservation easements.	, and the second s				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Sir	milar Ass	ets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	nd balar	nce sheet we	orks	
		easures, or other similar assets held for pub	, ,		ce of public		
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items	S.			

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shee	t works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ublic service,
	provide the following amounts relating to these items:	
	(i) Bevenue included on Form 990 Part VIII line 1	\$

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	۵

Sche		AL FOUNDATION				95-322		P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Oth	er Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that make	significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purpo	se in Part i	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	on answered "Yes" of	on Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII						_		_
		·	U				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.								]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three y	/ears back			
1a	Beginning of year balance	184,029,760.	164,655,908.	, ,	,	66,595.	136	,620,	
b	Contributions	-158,581.	3,030,230.	5,819,236	. 6,0	11,242.		894,	423.
с	Net investment earnings, gains, and losses	-12,677,007.	23,223,391.	21,695,599	. 13,9	1	,598,	221.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	5,704,570.	6,879,769.	6,560,720	. 7,2	66,555.	8	,146,	500.
f	Administrative expenses								
g	End of year balance		184,029,760.		. 143,7	01,793.	130	,966,	595.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	3.4300	_%						
b	Permanent endowment 57.8000	%							
с	Term endowment38.7700								
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the			N	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	v
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		<u> </u>
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment tunas.						
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line 10				
								le volu	
	Description of property	(a) Cost or ot basis (investm	• •		Accumulate depreciation	ea	(d) Boo	ik valu	e
1a	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment		1	,223,035.	420,	078.		802,	957.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ≻	<u>(, column (B), line 1</u>	0c.)				,	957.

Schedule D (Form 990) 2022

232052 09-01-22

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	77,930,393.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	81,846,378.	END-OF-YEAR MARKET VALUE
(C) EQUITY COMMINGLED FUNDS	32,587,983.	END-OF-YEAR MARKET VALUE
(D) REAL ASSETS	19,155,247.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12 )	211,520,001.	

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO HOAG MEMORIAL HOSPITAL	7,126,746.
(3) DUE TO HOAG CLINIC	575,388.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

13521116 153541 3010163

Sche	dule D (Form 990) 2022 HOAG HOSPITAL FOUNDATION		95-3222343	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4</b> a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b	. 4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	. 2b		
с	Other losses	_ 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4</b> a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t 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.

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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 X, LINE 2:

UNCERTAIN TAX POSITION UNDER ASC 740 FOOTNOTE FROM THE HMHP CONSOLIDATED

AUDITED FINANCIAL STATEMENTS:

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, CLARIFIES

THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED

IN THE CONSOLIDATED FINANCIAL STATEMENTS. ASC TOPIC 740 ALSO PROVIDES

GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND

PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO

PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX

LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT DECEMBER

31 2022 AND 2021.

Schedule D (Form 990) 2022

232055 09-01-22

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest ir	nformation.		to Public ection
Name of the organization					Employer identifi	cation number
HOAG HOSPITAL FOUNDATIO	ON				95-3222343	
		ctivities Out	side the United States. Comple	te if the organ		'es" on
Form 990, Part IV				te il tile organ		
-	-		ds to substantiate the amount of its gran the selection criteria used to award the g			Yes 🗌 No
United States.			procedures for monitoring the use of its		her assistance outsi	de the
3 Activities per Region. (TI (a) Region	he following Part (b) Number of		n be duplicated if additional space is ne (d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, specific type (s) in the region	expenditures for and investments in the region
CENTRAL						
AMERICA/CARIBBEAN	0	0	INVESTMENTS			84,980,637.
EUROPE	0	0	INVESTMENTS			3,295,917.
3 a Subtotal	0	0				88,276,554.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						1

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

0

0

232071 10-17-22

and 3b)

SCHEDULE F (Form 990)

88,276,554.

Schedule F (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

#### Schedule F (Form 990) 2022 HOAG HOSPITAL FOUNDATION

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the t			I		
			or counsel has provided a sect					

Schedule F (Form 990) 2022

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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	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

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Schedule F (Form 990) 2022

95-3222343

Schedule F (Form 990) 2022

HOAG HOSPITAL FOUNDATION

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	HOAG	HOSPITAL	FOUNDATION
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95-3222343 Page **5** 

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

SCHEDULE F, PART I, LINE 3, COLUMN F

ACCOUNTING METHOD

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

VALUE OF THE INVESTMENTS IN THE IDENTIFIED REGIONS AS OF THE

ORGANIZATION'S FISCAL YEAR ENDED DECEMBER 31, 2022.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	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.							2022	
Department of the Treasury Internal Revenue Service	Go t		Open to Public Inspection						
Name of the organization		o www.irs.gov/Form990 for instruc	20013				Employer i	dentification number	
		TAL FOUNDATION					95-3222		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-	EZ filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	<b>Y</b>	es 🗌 No be	
(i) Name and address of individual or entity (fundraiser)				Did raiser ustody ntrol of utions?	(iv) Gross receipts to (		Amount paic or retained by fundraiser ted in col. <b>(i)</b>		
			Yes	No					
								_	
Total									
		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

**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 CHISTMAS CAROL	(c) Other events	(d) Total events
			C1000	BALL	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,135,000.	800,476.	327,615.	2,263,091.
	2	Less: Contributions	1,104,703.	554,287.	266,624.	1,925,614.
	3	Gross income (line 1 minus line 2)	30,297.	246,189.	60,991.	337,477.
	4	Cash prizes				
ő	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		2,482.		2,482.
ā	8	Entertainment	7,500.	38,600.	7,500.	53,600.
	9	Other direct expenses	75,951.	229,125.	206,564.	511,640.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			567,722.
		Net income summary. Subtract line 10 from li				-230,245.
'a	rt I	Je complete in the organization i	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(L) Dull tabe/instant		
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
וע						

		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3					
4					
5	Other direct expenses				
6	Volunteer labor	Yes %	Yes %	Yes %	
7	Direct expense summary. Add lines 2 through	5 in column (d)			
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
Ent	ter the state(s) in which the organization condu	cts gaming activities:			
					Yes No
	, , , , , , , , , , , , , , , , , , , ,		rminated during the tax y	/ear?	Yes No
	3 4 5 6 7 8 Ent	<ul> <li>2 Cash prizes</li></ul>	1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   Enter the state(s) in which the organization conducts gaming activities:   Is the organization licensed to conduct gaming activities in each of these s   If "No," explain:	1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   Enter the state(s) in which the organization conducts gaming activities:   Is the organization licensed to conduct gaming activities in each of these states?   If "No," explain:	1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 HOAG	G HOSPITAL	FOUNDATION	95-3222343	Page <b>3</b>
11	Does the organization conduct gaming a	activities with	nonmembers?	Y	es 🗌 No
			a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?			🗌 Ye	es 🗌 No
13	Indicate the percentage of gaming activi				
а	The organization's facility			<u>13a</u>	%
					%
14	Enter the name and address of the perso	on who prepa	es the organization's gaming/special events books and records	51	
	Name				
	Address				
15-	Does the organization have a contract w	ith a third par	y from whom the organization receives gaming revenue?		es 🗌 No
154	Does the organization have a contract w	in a tinu pai			
b	If "Yes," enter the amount of gaming rev	enue received	by the organization \$ and the amo	ount	
	of gaming revenue retained by the third				
с	If "Yes," enter name and address of the				
	Name				
	Address				
16	Gaming manager information:				
	Nama				
	Name				
	Gaming manager compensation \$				
	5 5 1				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
		law to make c	naritable distributions from the gaming proceeds to		
	and the state measure line and a				es 🗌 No
b			law to be distributed to other exempt organizations or spent in		
	organization's own exempt activities dur	ing the tax ye	ar \$		
Pa	rt IV Supplemental Information	<b>on.</b> Provide the	e explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applic	able. Also pro	vide any additional information. See instructions.		
23208	83 10-27-22			Schedule G (Fo	orm 990) 2022
			41	•	-

Schedule G (Form 990) HOAG HOSPITAL FOUNDATION	95-3222343	Page
ichedule G (Form 990)     HOAG HOSPITAL FOUNDATION       Part IV     Supplemental Information (continued)		
	Schedule G (	Form 99

232084 04-01-22

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, and lete if the organization	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	•	0	Attach to Form		,		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization HOAG HOSPITA	L FOUNDATION						Employer identification number 95-3222343
Part I General Information on Grants	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> <li>Part II Grants and Other Assistance to</li> </ol>	istance? rocedures for monit Domestic Organia	toring the use of grant zations and Domesti	funds in the United c Governments.	l States. Complete if the org			X Yes No
recipient that received more than <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOAG CLINIC 1 HOAG DR BOX 6100 NEWPORT, CA 92658	33-0676831	501 (C) (3)	2,120,294.	0.			PROGRAMS AND EQUIPMENT
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 1 HOAG DR BOX 6100 - NEWPORT, CA 92658	95-1643327	501 (C) (3)	36,429,247.	0.			PROGRAMS AND EQUIPMENT
HOAG CHARITY SPORTS 19772 MACARTHUR BLVD SUITE 110 IRVINE, CA 92612	45-2982422	501 (C) (3)	500,000.	0.			PROGRAMS AND EQUIPMENT
JW PSYCHOLOGICAL SERVICE, INC 3900 W COAST HWY SUITE 380 NEWPORT, CA 92663	27-1355820	OTHER	120,000.	0.			TEEN BRAIN SUPPORT
HOAG ORTHOPEDIC EDUCATION 280 SOUTH MAIN ST ORANGE, CA 92868	75-3076627	501 (C) (3)	1,281,850.	0.			ORTHOPEDIC RESEARCH
THE COUNCIL ON AGING 2 EXECUTIVE CIRCLE SUITE 175 IRVINE, CA 92614	95-2874089	501 (C) (3)	6,250.	0.			PROGRAMS AND EQUIPMENT
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>							1

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

232102 10-31-22

#### Schedule I (Form 990) 2022

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

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.

95-3222343

Page 2

		Compensation Information	L	OMB No. 1	1545-004	47			
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	22	)			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Publi					
	rtment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		ction	IC				
	ne of the organization		Employer id	mber					
	ie ei alle ei gallizatio	HOAG HOSPITAL FOUNDATION		22343					
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c		nal use						
	Travel for com	panions Payments for business use of personal re	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S						
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b					
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to						
	·	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation								
		compensation consultant Compensation survey or study							
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee						
_									
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	-				x			
a L		e payment or change-of-control payment?		41	х				
D	-	eive payment from a supplemental nonqualified retirement plan?		4	Λ	x			
С		eive payment from an equity-based compensation arrangement?		<u>4c</u>					
	Il res to any of in	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
5	contingent on the r								
а	-			5a		x			
b	Any related organiz	ation?		5b		x			
-		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on						
-	contingent on the n								
а	•	~		6a		x			
b	Any related organiz	ation?		6b		х			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3						
		nes 5 and 6? If "Yes," describe in Part III		7		x			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
				. 8		X			
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	1 53.4958-6(c)?	<u></u>	. 9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022			

232111 10-18-22

95-3222343

### 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>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBERT BRAITHWAITE	(i)	0.	0.	0.	0.	0.	0.	0.	
CEO, HOAG HOSPITAL	(ii)	1,219,237.	2,005,600.	7,482.	292,025.	24,823.	3,549,167.	210,960.	
(2) FLYNN ANDRIZZI	(i)	0.	0.	0.	0.	0.	0.	٥.	
PRESIDENT FOUNDATION	(ii)	494,376.	222,242.	34,322.	38,255.	7,361.	796,556.	22,845.	
(3) GEOFFREY M MCCLOSKEY	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP SR FINANCE & DEVELOP OPS	(ii)	317,310.	75,000.	2,365.	8,740.	13,030.	416,445.	٥.	
(4) DANNA GRANT	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP SR ADVANCEMENT	(ii)	287,428.	66,046.	663.	19,052.	24,219.	397,408.	٥.	
(5) GWEN RITTER	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP DEVELOPMENT	(ii)	230,655.	66,817.	2,606.	20,500.	21,989.	342,567.	٥.	
(6) LYDDY LEWIS	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP DEVELOPMENT	(ii)	245,974.	68,803.	336.	10,073.	16,333.	341,519.	٥.	
(7) ADAM DE LA PENA-GAFKE	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP DEVELOP OPS & CAMPAIGNS	(ii)	229,954.	66,817.	690.	35,339.	1,043.	333,843.	٥.	
(8) JULIE HEGGENESS	(i)	0.	0.	0.	0.	0.	0.	٥.	
EXEC DIR PLAN. GIVING & LEGAL	(ii)	215,942.	35,064.	3,474.	17,570.	8,522.	280,572.	٥.	
(9) SAMANTHA LANG	(i)	0.	0.	0.	0.	0.	0.	٥.	
VP DEVELOPMENT	(ii)	215,991.	0.	48,373.	6,184.	6,559.	277,107.	٥.	
(10) DEBRA MCCUNE	(i)	0.	0.	0.	0.	0.	0.	٥.	
EXEC DIR STEWARD & STRAT ENG	(ii)	204,552.	34,024.	5,166.	13,122.	15,144.	272,008.	٥.	
(11) CARA UISPRAPASSORN	(i)	0.	0.	0.	0.	0.	0.	٥.	
EXEC DIR DONOR EXPERIENCE	(ii)	183,475.	30,550.	347.	11,659.	28,586.	254,617.	٥.	
(12) ANGELA MORANO	(i)	0.	0.	0.	0.	0.	0.	٥.	
DIRECTOR MAJOR GIFTS	(ii)	198,693.	28,584.	546.	12,360.	13,013.	253,196.	٥.	
(13) SUSANA ERTAC	(i)	0.	0.	0.	0.	0.	0.	0.	
EXEC DIR BENEFACTOR PROGRAM	(ii)	187,144.	30,263.	787.	14,131.	3,911.	236,236.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

PART I, LINE 1A:

WRITTEN POLICY REGARDING PAYMENT OF EXPENSES

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

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

#### REIMBURSES HMHP AND PROVIDES THE BENEFIT.

PART I, LINE 3:

METHODS USED TO DETERMINE EXECUTIVE DIRECTOR/PRESIDENT COMPENSATION

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

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

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

THAT IS COMPLETED BY HMHP TO REVIEW AND DETERMINE COMPENSATION.

PART I, 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.

### 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.

THE FOLLOWING INDIVIDUALS RECEIVED A CONTRIBUTION DURING THE CURRENT YEAR:

ROBERT BRAITHWAITE - \$210,960

FLYNN ANDRIZZI - \$22,845

Schedule J (Form 990) 2022

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

22

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection	
Employer	identification number	

Name of the organization

HOJC	HOGDTTAT.	FOUNDATION
HOAG	HOSPIIAL	FOUNDATION

95-3222343

ſ ΖU **Open to Public** 

Par	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin ntribution ar	•	s
4	Art - Works of art							
1 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	x	7	201 165				
9	Securities - Publicly traded	Δ	/		COST/ SELLING	5 PRICE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14 15	Qualified conservation contribution - Other	x	1	1 900 000	APPRAISED AMO	ייאדור		
15 16	Real estate - Residential	X	1	, ,	APPRAISED AMO			
16 17	Real estate - Commercial	21		1,730,000.		50111		
17 18	Real estate - Other							
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy							
22	Historical artifacts Scientific specimens							
23 24	Archeological artifacts							
2 <del>4</del> 25								
25 26	Other () Other ()							
20 27								
28	Other () Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	l the tax year for e					
25	for which the organization completed Form 828	-					2	
	for which the organization completed ronn oze	0, 1 art v, E	once Acknowledg	ement 29			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throu	nh 28 that it		103	
004	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?		,			30a		x
h	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicv that re	auires the review o	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties of	•	-	•				
JEU			•			32a	x	1
h	contributions? If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is che	cked			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see 1	the Instruct	tions for Form 990	).	Sched	ule M (Forn	n 990)	2022
	-					•		

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

PART I, COLUMN B

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 32A

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ OMB No. 1545-0047 2022 Open to Public Inspection
Internal Revenue Service Name of the organization		Employer identification number
	HOAG HOSPITAL FOUNDATION	95-3222343
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MISSION OF HOA	3 HOSPITAL FOUNDATION IS ADVANCING THE MISSION OF	
HOAG MEMORIAL HOSP	ITAL PRESBYTERIAN THROUGH MEANINGFUL AND	
INSPIRATIONAL PHIL	ANTHROPIC PARTNERSHIPS.	
FORM 990, PART VI,	SECTION A, LINE 6:	
MEMBERS OR STOCKHO	LDERS	
HOAG MEMORIAL HOSP	ITAL PRESBYTERIAN, A RELATED TAX-EXEMPT ORGANIZATION, IS	
THE SOLE CORPORATE	MEMBER OF HOAG HOSPITAL FOUNDATION.	
FORM 990, PART VI,	SECTION A, LINE 7A:	
POWER TO ELECT OR 2	APPOINT MEMBERS	
THE ORGANIZATION'S	MEMBERS ELECT THE DIRECTORS OF HOAG HOSPITAL FOUNDATION.	
FORM 990, PART VI,	SECTION A, LINE 7B:	
DECISIONS RESERVED	FOR MEMBERS OR STOCKHOLDERS	
THE ORGANIZATION'S	MEMBERS MUST APPROVE THE FOLLOWING:	
A) CHANGES TO THE	ARTICLES OF INCORPORATION;	
B) CHANGES OR AMEN	DMENTS TO THE BYLAWS;	
C) APPOINTMENT AND	REMOVAL OF DIRECTORS;	
D) REMOVAL OF OFFI	CERS;	
E) ANY CHANGE IN T	HE FUNDAMENTAL NATURE OF THE FOUNDATION;	
F) DISPOSITION OF	ALL OR SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS;	
G) ANY MERGER, CON	SOLIDATION OR SIMILAR REORGANIZATION OF THE CORPORATE	
STRUCTURE, OR DISS	DLUTION, OF THE FOUNDATION; AND	
H) CHANGES TO THE	INVESTMENT POLICY STATEMENT AND/OR CHANGE IN THE PRIMARY	
LHA <b>For Paperwork Re</b> 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
HOAG HOSPITAL FOUNDATION	95-3222343
INVESTMENT CONSULTANT RECOMMENDED BY THE INVESTMENT COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PROCESS USED TO REVIEW THE 990	
THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT COMMITTEE	
OF THE BOARD THE REVIEW OF FORM 990 PRIOR TO ISSUANCE. THE FORM 990 WAS	
PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE	
ORGANIZATION INCLUDING THE ACCOUNTING TEAM, HUMAN RESOURCES, CORPORATE	
COMPLIANCE AND GOVERNANCE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING	
FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY MANAGEMENT,	
INCLUDING AN OFFICER OF THE ORGANIZATION. THE AUDIT COMMITTEE IS PROVIDED	
WITH A DRAFT OF THE FORM 990 AND IS PROVIDED AMPLE TIME TO READ THE	
DOCUMENT AND DEVELOP QUESTIONS. THE AUDIT COMMITTEE THEN CONVENES PRIOR TO	
ISSUANCE OF THE FORM 990 TO REVIEW AND DISCUSS THE DRAFT FORM 990 WITH	
MANAGEMENT AND EXTERNAL EXPERTS HIRED BY MANAGEMENT. AN ELECTRONIC VERSION	
OF THE FORM 990 IS POSTED TO A SECURE WEBSITE AVAILABLE TO ALL OF THE BOARD	
OF DIRECTORS PRIOR TO FILING.	
FORM 990, PART V, LINE 2A	
W-2S	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN (HMHP) PAYS ALL EMPLOYEES OF HOAG	
HOSPITAL FOUNDATION (HHF) AND THEREFORE ISSUES ALL W-2S. HHF REIMBURSES	
HMHP FOR ALL EMPLOYEE COMPENSATION.	
FORM 990, PART VI, SECTION B, LINE 12C:	

MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization HOAG HOSPITAL FOUNDATION	Page 2 Employer identification number 95-3222343
ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY. OFFICERS,	
TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND	
NATURE OF ANY ACTUAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST HE SHE	
MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN	
CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO	
THE ORGANIZATION. DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL,	
APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE CONSUMMATION	
OF ANY CONTRACT OR TRANSACTION. OFFICERS, DIRECTORS, NON-DIRECTOR MEMBERS	
OF BOARD COMMITTEES, AND SENIOR EXECUTIVES ARE REQUIRED TO COMPLETE AN	
ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. INDIVIDUAL TRANSACTIONS THAT	
OCCUR BETWEEN THE ANNUAL QUESTIONNAIRES ARE REVIEWED BY THE CORPORATION'S	
LEGAL AND COMPLIANCE OFFICERS FOR POTENTIAL CONFLICT OF INTEREST. ANY	
DIRECTOR WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED	
CONTRACT, TRANSACTION OR ARRANGEMENT SHALL REFRAIN FROM VOTING ON ANY	
MATTER RELATING TO THE CONTRACT, TRANSACTION OR ARRANGEMENT, OR BE EXCUSED	
FROM ANY MEETING WHERE THE PROPOSED CONTRACT	
IS DISCUSSED.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION:	
THE ORGANIZATION'S PRESIDENT IS PAID BY ITS TAX-EXEMPT PARENT, HOAG	
MEMORIAL HOSPITAL PRESBYTERIAN (HMHP) AND THE ORGANIZATION REIMBURSES HMHP	
FOR THE COMPENSATION. PLEASE SEE BELOW FOR THE PROCESS COMPLETED BY HMHP TO	
REVIEW AND DETERMINE COMPENSATION.	
THE COMPENSATION OF THE PRESIDENT AND ALL VICE PRESIDENTS (KEY EMPLOYEES)	
IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE HHF BOARD OF DIRECTORS.	
THE COMPENSATION COMMITTEE RECEIVES A STUDY PERFORMED BY AN INDEPENDENT	
232212 10-28-22 5 3	Schedule O (Form 990) 2022

13521116 153541 3010163

<sup>53</sup> 2022.05000 HOAG HOSPITAL FOUNDATION 30101631

Name of the organization	Employer identification number
HOAG HOSPITAL FOUNDATION	95-3222343
CONSULTING FIRM THAT REVIEWS LEVELS OF COMPENSATION AT COMPARABLE	
ORGANIZATIONS FOR COMPARABLE POSITIONS WHEN SETTING COMPENSATION OF THE	
OFFICERS AND KEY EMPLOYEES. THIS PROCESS OF USING COMPARABLE DATA TO	
ESTABLISH LEVELS OF COMPENSATION HAS BEEN IN PLACE IN EXCESS OF SEVEN	
YEARS. THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS	
REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION. THIS PROCESS WAS	
LAST COMPLETED IN FEBRUARY 2022.	
IN ADDITION, THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN	
OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL	
PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED	
REASONABLE IN COMPLIANCE WITH IRC SECTION 4958.	
FORM 990, PART VI, SECTION C, LINE 19:	
PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC	
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE	
POSTED ON THE FOUNDATION WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENTS 722,402.	

232212 10-28-22

Schedule O (Form 990) 2022 54 2022.05000 HOAG HOSPITAL FOUNDATION 30101631

## 232161 09-14-22 LHA

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

#### Name of the organization

HOAG HOSPITAL FOUNDATION

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COVENANT ACO - 61-1573313							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12, I	снз		х
COVENANT HEALTH NETWORK, INC - 46-1259908							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, III	SJHS		х
COVENANT HEALTH PARTNERS - 46-3516417							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12, I	снз		х
COVENANT HEALTH SYSTEM - 75-2765566							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	SJHS		х

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-3222343

(Form 990)

- - -

Department of the Treasury Internal Revenue Service

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
COVENANT HEALTH SYSTEM FOUNDATION -	-						
75-2897026, 3623 22ND PLACE, LUBBOCK, TX							
79410	HEALTHCARE	TEXAS	501(C)(3)	7	СНВ		Х
COVENANT MEDICAL CENTER - 82-2913146	_						
1801 LIND AVE SW ATTN TAX DEPT.	_						
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ		Х
COVENANT MEDICAL GROUP - 75-2743883	_						
1801 LIND AVE SW ATTN TAX DEPT.	_						
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ		X
EVERETT TRANSITIONAL CARE SERVICES -	-						
94-3264605, PO BOX 5128, EVERETT, WA 98206	- TRANS. CARE	WASHINGTON	501(C)(3)	10	N/A		х
GAMELIN WASHINGTON ASSOCIATION - 20-1910170							
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	- SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
GLOBAL TO LOCAL HEALTH INITIATIVE -				-			
27-3133200, 2800 SOUTH 192ND ST. #104,	-						
SEATAC, WA 98188	- HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS		х
HMTS, INC 45-3583707				-			
1 HOAG DRIVE, PO BOX 6100	-						
NEWPORT BEACH, CA 92658	- HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	НМНР		х
HOAG CHARITY SPORTS - 45-2982422				, _			
2081 BUSINESS CTR DR. STE 195	-						
NEWPORT BEACH, CA 92663	SUPPORT	CALIFORNIA	501(C)(3)	7	ннғ	x	
HOAG CLINIC - 33-0676831							
1 HOAG DRIVE, PO BOX 6100	-						
NEWPORT BEACH, CA 92658	- HEALTHCARE	CALIFORNIA	501(C)(3)	10	НМНР		х
HOAG HOSPITAL FOUNDATION - 95-3222343				<u> </u>			
ONE HOAG DRIVE PO BOX 6100	1						
NEWPORT BEACH, CA 92658	_ FUNDRAISING	CALIFORNIA	501(C)(3)	7	НМНР		х
HOSPICE OF LUBBOCK - 75-2133781							
1801 LIND AVE SW ATTN TAX DEPT.	1						
RENTON, WA 98057	_ HEALTHCARE	TEXAS	501(C)(3)	10	снѕ		х
INSTITUTE FOR MENTAL HEALTH & WELLNESS -				F -			
81-4260130, 1801 LIND AVE SW ATTN TAX DEPT.,	1						
RENTON, WA 98057	_ HEALTHCARE	WASHINGTON	501(C)(3)	PF	PHS/SJHS		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	<b>g)</b> 512(b)(13) rolled zation?
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593				501(c)(3))		Yes	No
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	мнс		x
SAINT JOHN'S CANCER INSTITUTE - 95-4291515			501(0)(0)	,			
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC		х
KADLEC AUXILIARY, INC 91-6033089				-			
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12, III	KRMC		х
KADLEC FOUNDATION - 23-7005501				/			
888 SWIFT BLVD	-						
RICHLAND, WA 99352	SUPPORT	WASHINGTON	501(C)(3)	7	KRMC		x
KADLEC REGIONAL MEDICAL CENTER - 91-0655392							
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	мнс		x
LITTLE COMPANY OF MARY ANCILLARY SVCS CO -							
33-0844408, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	IMAGING SVCS	CALIFORNIA	501(C)(3)	10	PHS SOCAL		х
LUBBOCK HERITAGE HOSPITAL, LLC - 26-4021016							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ		х
LUNDBERG ASSOCIATION/PROVIDENCE HOUSE -							
91-1562797, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR		х
METHODIST CHILDREN'S HOSPITAL - 75-2428911							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снз		х
METHODIST HOSPITAL LEVELLAND - 75-2246348							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ		х
METHODIST HOSPITAL PLAINVIEW - 75-2426010							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ		х
MISSION HOSPITAL REGIONAL MEDICAL CTR -							
95-1643360, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN		х

MORTHWEST HOPE & HEALING FOUNDATION -     -       20-0799737, PO BOX 16069, SEATILE, WA 98116     SUPPORT     NASHINGTON     501(C)(3)     12,I     SHS       PACMED CLINICS - 56-2230878     -     -     -     -     -     -       1801 LIND AVE SW ATTN TAX DEPT.     HEALTHCARE     NASHINGTON     501(C)(3)     10     WHC       PHAS FOUNDATION/SPYSA & SCVSA - 95-3544877     -     -     -     -     -     -       501 SOUTH BUENA VISTA STREET     BURBANK, CA 91505     HEALTHCARE     CALIFORNIA     501(C)(3)     7     PHS SOCAL       PROVIDENCE BLASKA FOUNDATION - 92-0093565     -     -     -     -     -       3760 PIPER STREET, SUITE 2021     HEALTHCARE     ALASKA     501(C)(3)     7     PHS WA       PROVIDENCE BENEDICTINE NURSING CTR FNDN -     -     -     -     -       971-140286, 540 SOUTH MAIN ST, MT ANGEL, OR     -     -     -     -       9701DENCE BLANCHET ASSOCIATION - 91-1789266     -     -     -     -       1801 LIND AVE SW ATTN TAX DEPT.     -     -     -     -     -       97362     HEALTHCARE     OREGON     -     -     -     -       97364     HEALTHCARE     SUPPORT     NASHINGTON     -     -     -	Yes	s No
20-0799737, PO BOX 16069, SEATTLE, WA 98116       SUPPORT       WASHINGTON       \$01(C)(3)       12, I       SHS         PACMED CLINICS - 56-2290878		
PACMED CLINICS - 56-2290878       Isol LIND AVE SW ATTM TAX DEFT.         Isol LIND AVE SW ATTM TAX DEFT.       HEALTHCARE       WASHINGTON       501(C)(3)       10       WHC         PHAS FOUNDATION/SPVSA & SCVSA - 95-3544877       HEALTHCARE       CALIFORNIA       501(C)(3)       10       WHC         Sol SOUTH BUENA VISTA STREET       HEALTHCARE       CALIFORNIA       501(C)(3)       7       PHS SOCAL         PROVIDENCE ALASKA FOUNDATION - 92-0093565       HEALTHCARE       CALIFORNIA       501(C)(3)       7       PHS SOCAL         ANCHORAGE, AK 99508       HEALTHCARE       ALASKA       501(C)(3)       7       PHS WA         9704DENCE BENEDICTINE NURSING CTE FNDN -       91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       91-1940286       501(C)(3)       7       PHS OR         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266       HEALTHCARE       OREGON       501(C)(3)       7       PHS WA         PROVIDENCE CHILDREN'S HEALTH FOUNDATION -       93-0800140, 405 NE GLISAN ST, STE 2N35,       SUPPORT       OREGON       501(C)(3)       7       PHS OR         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0692907, 940 ROYAL AVE, SUTTE 410,       HEALTHCARE       OREGON       501(C)(3)       7       PHS OR         93-0692907, 940 ROYAL AVE, SUTTE 410,<		
1801 LIND AVE SW ATTN TAX DEPT.       HEALTHCARE       WASHINGTON       501(c)(3)       10       WHC         PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877       S01(c)(3)       10       WHC         BURBARK, CA 91505       HEALTHCARE       CALIFORNIA       501(c)(3)       7       PHS SOCAL         PROVIDENCE ALASKA FOUNDATION - 92-0093565       HEALTHCARE       CALIFORNIA       501(c)(3)       7       PHS SOCAL         PROVIDENCE ALASKA FOUNDATION - 92-0093565       HEALTHCARE       ALASKA       501(c)(3)       7       PHS WA         PROVIDENCE BENEDICTINE NURSING CTR FNDN -       91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       HEALTHCARE       OREGON       501(c)(3)       7       PHS OR         97362       HEALTHCARE       OREGON       501(c)(3)       7       PHS OR         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266       SUPPORT       WASHINGTON       501(c)(3)       7       PHS WA         PROVIDENCE CHLIDREN'S HEALTH FOUNDATION -       93-0800140, 4805 NE GLISAN ST, STE 2N35,       PORTIAND, OR 97213       SUPPORT       WASHINGTON       501(c)(3)       7       PHS OR         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0800140, 4805 NE GLISAN ST, STE 2N35,       PORCIAND, OR 97504       PHEALTHCARE       OREGON       501(c)(3)       7       PHS OR		х
RENTON, WA 98057       HEALTHCARE       WASHINGTON       501(C)(3)       10       WHC         PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877       501       501       501(C)(3)       7       PHS         S015       BURBANK, CA 91505       HEALTHCARE       CALIFORNIA       501(C)(3)       7       PHS SOCAL         PROVIDENCE ALASKA FOUNDATION - 92-0093565       HEALTHCARE       ALASKA       501(C)(3)       7       PHS SOCAL         ANCHORAGE, AK 99508       HEALTHCARE       ALASKA       501(C)(3)       7       PHS WA         PROVIDENCE BLANCHE NURSING CTR FNDN -       -       -       -       -         91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       97362       HEALTHCARE       DREGON       501(C)(3)       7       PHS WA         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266       ISOPAT       NASHINGTON       501(C)(3)       7       PHS WA         PROVIDENCE CHILDREN'S HEALTH FOUNDATION -       93-0800140, 4805 NE GLISAN ST, STE 2N35,       SUPPORT       DREGON       501(C)(3)       7       PHS WA         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0800140, 4805 NE GLISAN ST, STE 2N35,       POOTLAND, OR 97213       SUPPORT       DREGON       501(C)(3)       7       PHS OR         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0800140, 4		
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877         501 SOUTH BUENA VISTA STREET         BURBANK, CA 91505         PROVIDENCE ALASKA FOUNDATION - 92-0093565         3760 FIPER STREET, SUITE 2021         ANCHORAGE, AK 99508         PROVIDENCE BENEDICTINE NURSING CTR FNDN -         91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR         97362         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266         1801 LIND AVE SW ATTN TAX DEPT.         RENTON, MA 98057         SUPPORT         PROVIDENCE CHILDREN'S HEALTH FOUNDATION -         93-080104, 4805 NEG LISAN ST, STE 2N35,         PORTLAND, OR 97213         SUPPORT         PROVIDENCE COMMUNITY HEALTH FOUNDATION -         93-06207, 940 ROYAL AVE, SUITE 410,         MEDFORD, OR 97504         PROVIDENCE DETEMM HOUSE - 47-3385506         1801 LIND AVE SW ATTN TAX DEPT.		
501 SOUTH BUENA VISTA STREET       BURBANK, CA 91505       HEALTHCARE       CALIFORNIA       501(C)(3)       7       PHS SOCAL         PROVIDENCE ALASKA FOUNDATION - 92-0093565       3760 PIPER STREET, SUITE 2021       N       N       Phi Socal         ANCHORAGE, AK 99508       HEALTHCARE       ALASKA       501(C)(3)       7       PHS WA         PROVIDENCE EDENEDICTINE NURSING CTR FNDN -       P1-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       PHEALTHCARE       OREGON       501(C)(3)       7       PHS OR         97362       HEALTHCARE       OREGON       501(C)(3)       7       PHS OR         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266       HEALTHCARE       OREGON       501(C)(3)       7       PHS WA         970412ENCE CHILDREN'S HEALTH FOUNDATION -       91-1940286, 540 SOUTH MAIN ST, STE 2N35,       PUPORT       WASHINGTON       501(C)(3)       7       PHS WA         PROVIDENCE CHILDREN'S HEALTH FOUNDATION -       93-060140, 4805 NE GLISAN ST, STE 2N35,       PUPORT       OREGON       501(C)(3)       7       PHS OR         93-0602907, 940 ROYAL AVE, SUITE 410,       HEALTHCARE       OREGON       501(C)(3)       7       PHS OR         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0692907, 940 ROYAL AVE, SUITE 410,       HEALTHCARE       OREGON       501(C)(3)       7		х
BURBANK, CA 91505HEALTHCARECALIFORNIA501(C)(3)7PHS SOCALPROVIDENCE ALASKA FOUNDATION - 92-0093565ACHORAGE, AK 99508HEALTHCAREALASKA501(C)(3)7PHS WAANCHORAGE, AK 99508HEALTHCAREALASKA501(C)(3)7PHS WAPROVIDENCE BENEDICTINE NURSING CTR FNDN - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT.NASHINGTON501(C)(3)7PHS ORPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0600140, 4805 NE GLISAN ST, STE 2N35, PORTIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.HEALTHCAREOREGON501(C)(3)7PHS OR		
PROVIDENCE ALASKA FOUNDATION - 92-0093565       ANCHORAGE, AK 99508       HEALTHCARE       ALASKA       501(C)(3)       7       PHS WA         ANCHORAGE, AK 99508       HEALTHCARE       ALASKA       501(C)(3)       7       PHS WA         PROVIDENCE BENEDICTINE NURSING CTR FNDN -       -       -       -       -       -       -         91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR       HEALTHCARE       DREGON       501(C)(3)       7       PHS WA         97362       HEALTHCARE       DREGON       501(C)(3)       7       PHS OR         PROVIDENCE BLANCHET ASSOCIATION - 91-1789266       HEALTHCARE       DREGON       501(C)(3)       7       PHS WA         1801 LIND AVE SW ATTN TAX DEPT.       SUPPORT       WASHINGTON       501(C)(3)       7       PHS WA         PROVIDENCE CHILDREN'S HEALTH FOUNDATION -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - <td< td=""><td></td><td></td></td<>		
PROVIDENCE ALASKA FOUNDATION - 92-0093565       Anchorage, ak 99508       HEALTHCARE       ALASKA       S01(C)(3)       7       PHS WA         PROVIDENCE BENEDICTINE NURSING CTR FNDN -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -		х
ANCHORAGE, AK 99508 HEALTHCARE ALASKA 501(C)(3) 7 PHS WA PROVIDENCE BENEDICTINE NURSING CTR FNDN - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362 HEALTHCARE OREGON 501(C)(3) 7 PHS OR PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057 SUPPORT WASHINGTON 501(C)(3) 7 PHS WA PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213 SUPPORT OREGON 501(C)(3) 7 PHS OR PROVIDENCE COMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504 HEALTHCARE OREGON 501(C)(3) 7 PHS OR PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.		
PROVIDENCE BENEDICTINE NURSING CTR FNDN - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT.SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS WAPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.HEALTHCAREOREGON501(C)(3)7PHS OR		
PROVIDENCE BENEDICTINE NURSING CTR FNDN - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT.SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS WAPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.HEALTHCAREOREGON501(C)(3)7PHS OR		x
P7362HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE BLANCHET ASSOCIATION - 91-1789266INCOMENTION - 91-1789266INCOMENTION - 91-1789266INCOMENTION - 91-17892661801 LIND AVE SW ATTN TAX DEPT.SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35,SUPPORTOREGON501(C)(3)7PHS ORPORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410,HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506HEALTHCAREOREGON501(C)(3)7PHS OR1801 LIND AVE SW ATTN TAX DEPT.INCOMENTION AVE SW ATTN TAX DEPT.INCOMENTION AVE SW ATTN TAX DEPT.INCOMENTION AVE SW ATTN TAX DEPT.		
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PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT.SUPPORTWASHINGTON501(C)(3)7PHS WARENTON, WA 98057SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35,SUPPORTOREGON501(C)(3)7PHS WAPORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410,HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.HEALTHCAREOREGON501(C)(3)7PHS OR		x
1801 LIND AVE SW ATTN TAX DEPT.NANANANARENTON, WA 98057SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION -93-0800140, 4805 NE GLISAN ST, STE 2N35,NANANAPORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION -93-0692907, 940 ROYAL AVE, SUITE 410,NEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506HEALTHCAREOREGON501(C)(3)7PHS OR1801 LIND AVE SW ATTN TAX DEPT.HEALTHCARENEADNANA		
RENTON, WA 98057SUPPORTWASHINGTON501(C)(3)7PHS WAPROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.HEALTHCAREOREGON501(C)(3)7PHS OR		
PROVIDENCE CHILDREN'S HEALTH FOUNDATION -       -         93-0800140, 4805 NE GLISAN ST, STE 2N35,       -         PORTLAND, OR 97213       SUPPORT         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       -         93-0692907, 940 ROYAL AVE, SUITE 410,       -         MEDFORD, OR 97504       HEALTHCARE       OREGON       501(C)(3)         PROVIDENCE DETHMAN HOUSE - 47-3385506       -       -         1801 LIND AVE SW ATTN TAX DEPT.       -       -		x
93-0800140, 4805 NE GLISAN ST, STE 2N35,       PORTLAND, OR 97213       SUPPORT       OREGON       501(C)(3)       7       PHS OR         PROVIDENCE COMMUNITY HEALTH FOUNDATION -       93-0692907, 940 ROYAL AVE, SUITE 410,       PHEALTH CARE       OREGON       501(C)(3)       7       PHS OR         PROVIDENCE DETHMAN HOUSE - 47-3385506       HEALTHCARE       OREGON       501(C)(3)       7       PHS OR         1801 LIND AVE SW ATTN TAX DEPT.       HEALTHCARE       OREGON       501(C)(3)       7       PHS OR		
PORTLAND, OR 97213SUPPORTOREGON501(C)(3)7PHS ORPROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410,HEALTHCAREOREGON501(C)(3)7PHS ORMEDFORD, OR 97504HEALTHCAREOREGON501(C)(3)7PHS ORPROVIDENCE DETHMAN HOUSE - 47-33855061801 LIND AVE SW ATTN TAX DEPT.Image: Comparison of the second s		
PROVIDENCE COMMUNITY HEALTH FOUNDATION -         93-0692907, 940 ROYAL AVE, SUITE 410,         MEDFORD, OR 97504         HEALTHCARE         OREGON         501(C)(3)         PROVIDENCE DETHMAN HOUSE - 47-3385506         1801 LIND AVE SW ATTN TAX DEPT.		x
93-0692907, 940 ROYAL AVE, SUITE 410,     NEDFORD, OR 97504     NEALTHCARE     OREGON     501(C)(3)     7     PHS OR       PROVIDENCE DETHMAN HOUSE - 47-3385506     1801 LIND AVE SW ATTN TAX DEPT.     Image: Constraint of the second s		
MEDFORD, OR 97504     HEALTHCARE     OREGON     501(C)(3)     7     PHS OR       PROVIDENCE DETHMAN HOUSE - 47-3385506     1801 LIND AVE SW ATTN TAX DEPT.		
PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT.		x
1801 LIND AVE SW ATTN TAX DEPT.		
		x
PROVIDENCE GAMELIN HOUSE ASSOCIATION -		+
31-1744654, 1801 LIND AVE SW ATTN TAX DEPT.		
RENTON, WA 98057 SUPPORT WASHINGTON 501(C)(3) 7 PHS WA		x
PROVIDENCE HEALTH & SERVICES - 91-1549796	<u> </u>	
1801 LIND AVE SW ATTN TAX DEPT.		
RENTON, WA 98057 HEALTHCARE WASHINGTON 501(C)(3) 12, II PSJH		x
PROVIDENCE HEALTH & SERVICES - MONTANA -	<u> </u>	
81-0231793, 1801 LIND AVE SW ATTN TAX DEPT.		
RENTON, WA 98057 HEALTHCARE MONTANA 501(C)(3) 3 PHS WA		x

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled zation?
PROVIDENCE HEALTH & SERVICES - OREGON -				501(c)(3))		Yes	No
51-0216587, 1801 LIND AVE SW ATTN TAX DEPT.	-						
<u>SI-0210387, 1801 LIND AVE SW ATTN TAX DEPT.,</u> RENTON, WA 98057	_ HEALTHCARE	OREGON	501(C)(3)	2	PHS		x
PROVIDENCE HEALTH & SERVICES - WA -	NEAD I NCAKE	OREGON	501(0)(3)	5	rns		
51-0216586, 1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	_ HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS		x
PROVIDENCE HEALTH & SERVICES - WEST WA -	NEAD I NCAKE	WASHINGTON	501(0)(3)	5	rns		
91-1303277, 1801 LIND AVE SW ATTN TAX DEPT.	-						
· · · · · · · · · · · · · · · · · · ·	_ HEALTHCARE	WASHINGTON	E01(0)(2)	2	PM/WHC		v
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PM/WHC		X
PROVIDENCE HEALTH ASSURANCE - 55-0828701	-						
1801 LIND AVE SW ATTN TAX DEPT.		ODHOON	F01(0)(4)		DUD		
RENTON, WA 98057	MEDICAID	OREGON	501(C)(4)	N/A	PHP		X
PROVIDENCE HEALTH CARE FNDN - E. WA -	-						
<u>32-0014330, 101 W 8TH AVE, SPOKANE, WA</u>	4						
99204	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA		X
PROVIDENCE HEALTH PLAN - 93-0863097	_						
1801 LIND AVE SW ATTN TAX DEPT.	_						
RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(4)	N/A	PPP		х
PROVIDENCE HEALTH SYSTEM - SO CAL -	_						
51-0216589, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS		х
PROVIDENCE HOOD RIVER MEM HOSP FNDN -							
93-0921990, 810 12TH STREET, PO BOX 149,							
HOOD RIVER, OR 97031	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		х
PROVIDENCE HOSPICE AND HOME CARE FNDN -							
27-2552749, 1615 75TH ST SW, SUITE 210,							
EVERETT, WA 98203	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA		х
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION -							
91-2077378, 2811 SOUTH 102ND NO 220,							
TUKWILA, WA 98168	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA		х
PROVIDENCE LITTLE COMPANY OF MARY FNDN -							
51-0224944, 4101 TORRANCE BLVD, TORRANCE, CA	1						
90503	- HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCAL		х
PROVIDENCE MARIANWOOD FOUNDATION -			1	1			
93-1554288, 3725 PROVIDENCE POINT DRIVE SE,	1						
ISSAQUAH, WA 98029	- HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA		x

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	contr	g) 512(b)(13) rolled zation?
PROVIDENCE MEDICAL INSTITUTE - 33-0283773						103	
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PHS SOCAL		х
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515	i						
10150 SE 32ND AVE	7						
MILWAUKIE, OR 97222	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		х
PROVIDENCE MINISTRIES							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	RELIGIOUS ORG	WASHINGTON	501(C)(3)	1	N/A		x
PROVIDENCE MOUNT ST. VINCENT FOUNDATION -							
91-1188119, 4831 35TH AVE SW, SEATTLE, WA	-						
98126	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA		x
PROVIDENCE NEWBERG HEALTH FOUNDATION -							
93-0889144, 1001 PROVIDENCE DRIVE, NEWBERG,	-						
OR 97132	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		x
PROVIDENCE PETER CLAVER ASSOCIATION -							
31-1629656, 1801 LIND AVE SW ATTN TAX DEPT.,	7						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
PROVIDENCE PLAN PARTNERS - 91-1861964							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(4)	N/A	PHS OR		х
PROVIDENCE PORTLAND MEDICAL FOUNDATION -							
93-1231494, 4805 NE GLISAN ST, PORTLAND, OR	7						
97213	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		х
PROVIDENCE ROSSI ASSOCIATION - 31-1584166							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	10	PHS WA		х
PROVIDENCE SAINT JOHN'S HEALTH CENTER -							
95-1684082, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL		х
PROVIDENCE SAINT JOHN'S MEDICAL FNDN -							
81-4542216, 1801 LIND AVE SW ATTN TAX DEPT.,	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL		x
PROVIDENCE SEASIDE HOSPITAL FOUNDATION -							
93-0927320, 725 S WAHANNA ROAD, SEASIDE, OR	7						
97138	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PROVIDENCE ST. ELIZABETH HOUSE ASSOC							
91-2171539, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
PROVIDENCE ST. FRANCIS ASSOCIATION -							
94-3244854, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12, III	N/A		х
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION -							
94-3078543, 4400 NE HALSEY ST, STE 599,							
PROTLAND, WA 97213	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA		x
PROVIDENCE ST. JOSEPH MEDICAL CENTER -							[
81-0463482, 1801 LIND AVE SW ATTN TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA		x
PROVIDENCE SOUTHWEST WASHINGTON FNDN -							<u> </u>
91-1097056, 413 LILLY ROAD NE, OLYMPIA, WA	1						
98506	- SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA		х
PROVIDENCE ST. VINCENT MEDICAL FNDN -				-			
93-0575982, 9205 SW BARNES ROAD, STE MT2111,	1						
PORTLAND, OR 97225	- HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		x
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139				-			
1801 LIND AVE SW ATTN TAX DEPT.	1						
RENTON, WA 98057	- HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCAL		x
PROVIDENCE TRINITYCARE HOSPICE FNDN -							
33-0261016, 5315 TORRANCE BLVD NO B-1,	1						
TORRANCE CA 90503	- HEALTHCARE	CALIFORNIA	501(C)(3)	7	PTCH		x
PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN -				-			
93-1003750, 1500 DIVISION STREET, OREGON	1						
CITY, OR 97045	- HEALTHCARE	OREGON	501(C)(3)	12, I	PHS OR		x
REDWOOD MEMORIAL FOUNDATION - 94-2779313				· , _			
2700 DOBEER STREET	1						
EUREKA, CA 95501	- HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH		х
SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN -							<u> </u>
95-6100079, 2121 SANTA MOINCA BLVD, SANTA	1						
MONICA, CA 90404	SUPPORT	CALIFORNIA	501(C)(3)	7	PSJHC		x

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
SEATTLE SCIENCE FOUNDATION - 61-1502822						100	
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	PHYSN COLLAB	WASHINGTON	501(C)(3)	7	мнс		х
SISTERS OF PROVIDENCE OF MONTANA CORP -							
26-2612415, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	SHELL CORP	MONTANA	501(C)(3)	1	PHS WA		х
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383	3						
1801 LIND AVENUE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	N/A		х
SRM ALLIANCE HOSPITAL SERVICES (PVH) -							
68-0395200, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SRMH		х
ST. JOSEPH HEALTH MINISTRY - 27-1666576							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	SSJO		х
ST. JOSEPH HEALTH N. CALIFORNIA, LLC -							
81-4791043, 1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS		х
ST. JOSEPH HEALTH SYSTEM - 95-3589356							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PSJH		х
ST. JOSEPH HEALTH SYSTEM FOUNDATION -				,			
33-0143024, 3345 MICHELSON DRIVE SUITE 100,	7						
IRVINE, CA 92612	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS		х
PROVIDENCE MEDICAL FOUNDATION - 33-0185031							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS		х
ST. JOSEPH HOME CARE NETWORK - 68-0331084							
1801 LIND AVE SW ATTN TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS		х
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359				1			
1801 LIND AVE SW ATTN TAX DEPT.	1						1
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN		x
ST. JUDE HOSPITAL, INC - 95-1643325							
1801 LIND AVE SW ATTN TAX DEPT.	1						1
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN		x

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	contr	g) 512(b)(13) rolled zation?
ST. LUKE ASSOCIATION - 94-3176618							
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
ST. MARY MEDICAL CENTER - 95-1914489							
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	сни		х
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976							
502 W SPRUCE STREET							
MISSOULA, MT 59802	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA		х
ST. THOMAS CHILD AND FAMILY CENTER -							
81-0233495, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	10	PHS WA		х
SWEDISH EDMONDS - 27-2305304							
1801 LIND AVE SW ATTN TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	мнс		х
SWEDISH HEALTH SERVICES - 91-0433740							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	мнс		х
SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 747 BROADWAY, SEATTLE, WA 98122	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS		x
SWEDISH MJM HOLDINGS - 27-3139262							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	HOLDING CO	WASHINGTON	501(C)(3)	12, I	SHS		х
THE GAMELIN ASSOCIATION - 91-1180824							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		х
THE GAMELIN CALIFORNIA ASSOCIATION -							
91-1293869, 1801 LIND AVE SW ATTN TAX DEPT.,							
RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	10	PHS SOCAL		х
THE GAMELIN OREGON ASSOCIATION - 91-1214491							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	10	PHS OR		х
UNIVERSITY OF PROVIDENCE - 81-0231777							
1801 LIND AVE SW ATTN TAX DEPT.							
RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	2	PHS		х

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
WESTERN HEALTHCONNECT - 45-4171900	-						
1801 LIND AVE SW ATTN TAX DEPT.			501(0)(0)	10 77			
RENTON, WA 98057	SHELL CORP	WASHINGTON	501(C)(3)	12, II	PHS W WA		Х
GRACE CLINIC OF LUBBOCK - 20-3856995	-						
1801 LIND AVE SW ATTN TAX DEPT.			F01(0)(2)	2	0110		
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ		Х
TARZANA MEDICAL CENTER LLC - 83-3972614	-						
1801 LIND AVE SW ATTN TAX DEPT.			F01(0)(2)	2			
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL		Х
PROVIDENCE FACEY MEDICAL FOUNDATION -	-						
95-4322584, 1801 LIND AVENUE SW ATTN: TAX	-		501(0)(0)	_			
DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	/	PHS SOCAL		Х
TRI-CITIES CANCER CENTER - 91-1594526							
1802 LIND AVENUE SW ATTN: TAX DEPT.	-		501(0)(0)	2			
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	KADLEC		Х
TRI-CITIES CANCER CENTER FOUNDATION -							
91-1739024, 7350 W DESCHUTES AVE BLDG A,	-		501(0)(0)	_			
KENNEWICK, WA 99336	SUPPORT	WASHINGTON	501(C)(3)	7	KADLEC	-	Х
COVENANT HOSPITAL HOBBS - 84-4273963	4						
1801 LIND AVENUE SW ATTN TAX DEPT	4	L					
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	-	Х
PROVIDENCE ST. MARY FOUNDATION - 45-2841492	4						
401 W. PAPLAR STREET	4						
WALLA WALLA, WA 99362	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	-	Х
COLLABRIA CARE - 68-0393144	4						
414 SOUTH JEFFERSON STREET	-		501(0)(0)	1.0			
NAPA, CA 94559	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHCN		Х
OPEN DOOR VENTURES - 91-1608508	-						
1801 LIND AVENUE SW ATTN: TAX DEPT.	4						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	_	Х
	4						
							<u> </u>
	4						
	4						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)	.)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana parti	al or Percen ging er?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
20TH STREET SURGERY LLC -												
73-1735618, 1301 20TH STREET												
STE 140, SANTA MONICA, CA												
90404	AMBULATORY SU	CA	N/A					x	N/A		۲	
BRIDGEPORT MEDICAL IMAGING												
(BMI) - 26-0796953, 4400 NE												
HALSEY, #495, PORTLAND, OR	1											
97213	IMAGING DIAG.	OR	N/A					x	N/A		<u>د</u>	
BROADWAY IMAGING, LLC -	-											
52-2405971, PO BOX 4587,												
MISSOULA, MT 59806-4587	MEDICAL IMAGI	MT	N/A					x	N/A		<u> </u>	
CENTER FOR MATERNAL, NEWBORN												
AND CHILD - 81-3526875, 1801												
LIND AVENUE SW ATTN: TAX												
DEPT., RENTON, CA 98057	HEALTHCARE	CA	N/A					x	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction (b)(13) trolled tity?
		country)				433013		Yes	No
1221 MADISON STREET OWNERS ASSOC	-								
20-1954319, 747 BROADWAY, SEATLE, WA 98122	OWNERS' ASSOC	WA	N/A	C CORP					X
AMERICAN UNITY GROUP, LTD									
90 PITTS BAY ROAD HM08									
PEMBROKE, BERMUDA HM08	CAPTIVE INSUR	BERMUDA	N/A	C CORP					х
AYIN HEALTH SOLUTIONS, INC 83-3037172									
1801 LIND AVENUE SW ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP					х
BOURGET HEALTH SERVICES, INC 91-1354431									
101 W. 8TH AVE., TAF C-9									
SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP					х
CARON HEALTH CORPORATION - 81-0486082									
1801 LIND AVENUE SW ATTN: TAX DEPT.									
RENTON, WA 98057	MED PHYS SVCS	МТ	N/A	C CORP					x

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop ate alloc		Code V-UBI amount in box	Genera manag partne	ing ov	ercentage wnership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	Yes		
CENTER FOR MEDICAL IMAGING				,			1.00					
(CMI) - 20-0477972, 4400 NE												
HALSEY, #495, PORTLAND, OR												
97213	IMAGING DIAG.	OR	N/A					x	N/A	X	:	
CLACKAMAS RADIATION ONCOL												
CENTER, LLC - 26-0381897,												
4400 NE HALSEY ST., BLDG. II,	1											
#495, PORTLAND, OR 97213	RADIATION ONC	OR	N/A					x	N/A	X	:	
COASTAL ASC HOLDINGS LLC -												
81-0986844, ONE HOAG DRIVE,												
BOX 6100, NEWPORT BEACH, CA												
92658	HEALTHCARE	CA	HMHP					x	N/A	X	:	
COVENANT LONG-TERM CARE, LP -												
20-5033419, 1801 LIND AVENUE												
SW ATTN: TAX DEPT., RENTON,												
WA 98057	HEALTHCARE	тх	N/A					x	N/A	X	:	
FULLERTON SURGICAL CENTER LP												
- 47-0927394, 1801 LIND												
AVENUE SW ATTN: TAX DEPT.,												
RENTON, WA 98057	AMBULATORY SU	CA	N/A					x	N/A	X	:	
GREATER VALLEY MEDICAL												
BUILDING, L.P 95-4570858,												
501 S. BUENA VISTA ST.,												
BURBANK, CA 91505	REAL ESTATE	CA	N/A					x	N/A	X	:	
HCSA PROPERTIES LLC -												
46-0620892, 1600 M STREET NW,	1											
AUBURN, WA 98001	REAL ESTATE R	WA	N/A					x	N/A	X	:	
HERITAGE INVESTMENT GROUP I,												
LLC - 27-1000061, 500 S. MAIN	1											
STREET, STE 1000, ORANGE, CA	1											
92868	INVESTMENTS	CA	N/A					x	N/A	X	:	
HOAG ORTHOPEDIC INSTITUTE -												
61-1588294, 1 HOAG DRIVE, BOX	]											
6100, NEWPORT BEACH, CA	]											
92658	HEALTHCARE	CA	НМНР					х	N/A	X	:	

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	Disprop		(i) Code V-UBI amount in box	(j) Genera manag	(k) or Percentage ownership
or related organization		(state or foreign	Childy	excluded from tax under sections 512-514)	income	assets	ate allo		20 of Schedule K-1 (Form 1065)	partne	r?
IMAGING ASSOCIATES LLC -		country)		30010113 3 12 3 14)			Yes	No		resi	
20-3906048, 3650 PIPER	-										
STREET, STE A, ANCHORAGE, AK	-										
99508	MEDICAL IMAGI	AK	N/A					x	N/A	x	
INLAND IMAGING, LLC -	]										
91-1855796, 801 S. STEVENS											
ST., SPOKANE, WA 99204	MEDICAL IMAGI	WA	N/A					x	N/A	x	
	_										
LSC REAL PROPERTY, LLC -	_										
47-4646059, 2301 QUAKER	_										
AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A					X	N/A	X	
METHODIST DIAGNOSTIC IMAGING	-										
	-										
- 75-2343261, 4005 24TH		my	NT / 3						NT / 3	x	
STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A					x	N/A		
NEWPORT IMAGING CENTER -	-										
33-0191776, 360 SAN MIGUEL,	-										
NEWPORT BEACH, CA 92660	- HEALTHCARE	CA	HMHP					x	N/A	x	
,											
OREGON ADVANCED IMAGING, LLC	1										
- 45-0471748, 881 O'HARE											
PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGI	OR	N/A					x	N/A	x	
OREGON OUTPATIENT SURGERY											
CENTER - 22-3883387, 7300 SW											
CHILDS RD, TIGARD, OR 97224	AMBULATORY SU	OR	N/A					x	N/A	x	
PET/CT IMAGING AT SWEDISH											
CANCER INSTITU - 20-3132044,											
1221 MADISON STREET, SEATTLE,											
WA 98104	MEDICAL IMAGI	WA	N/A					x	N/A	x	
PHS INVESTMENT TRUST SHORT											
TERM INVESTME - 81-2701056,											
1801 LIND AVENUE SW ATTN: TAX											
DEPT., RENTON, WA 98057	INVESTMENTS	WA	N/A					х	N/A	X	

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Disprop ate alloc <b>Yes</b>	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ll or ing ownership
PROV. RADIATION ONCOLOGY		country					165	NU		165	
DEVELOP. ASSN 26-0682491.	-										
4400 NE HALSEY, #495,	-										
PORTLAND, OR 97213	REAL ESTATE	OR	N/A					x	N/A		
PROVIDENCE CHILDREN'S											
NEONATAL SERVICES -	-										
47-0918549, 1801 LIND AVENUE	-										
SW ATTN: TAX DEPT., RENTON,	NEONATAL CARE	WA	N/A					x	N/A	X	
PROVIDENCE IMAGING CENTER											
JOINT VENTURE - 92-0118807,	1										
1801 LIND AVENUE SW ATTN: TAX	1										
DEPT., RENTON, AK 98057	MEDICAL IMAGI	AK	N/A					x	N/A	X	
PROVIDENCE ST. JOSEPH HEALTH											
LONG TERM P - 82-3190634,											
1801 LIND AVENUE SW ATTN: TAX											
DEPT., RENTON, WA 98057	INVESTMENTS	WA	N/A					x	N/A	X	
PROVIDENCE SURGERY CENTER,											
LLC - 84-1401625, 902 N.											
ORANGE ST, MISSOULA, MT											
59802	AMBULATORY SU	MT	N/A					х	N/A	X	
PROVIDENCE UCLA USP SURGERY											
CENTER JV - 32-0503030, 14201											
DALLAS PARKWAY, DALLAS, TX											
75254	AMBULATORY SU	CA	N/A					х	N/A	X	
PROVIDENCE/USP SOUTH BAY											
SURGERY CENTERS - 47-5064486,											
15305 DALLAS PKWY, STE 1600,											
LB 28, ADDISON, TX 75001	AMBULATORY SU	CA	N/A					x	N/A	X	
PROVIDENCE/USP SURGERY CTRS -	_										
20-0684116, 11550 INDIAN											
HILLS ROAD, #160, MISSION	_										
HILLS, CA 91345	AMBULATORY SU	CA	N/A					x	N/A	X	
RADIATION THERAPY	1										
INNOVATIONS, LLC -	4										
30-0553035, 1221 MADISON	4										
STREET, 1ST FL, SEATTLE, WA	HEALTHCARE	WA	N/A					х	N/A	X	

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(ř Disprop	portion-	(i) Code V-UBI amount in box	manag	al or P	<b>(k)</b> ercentage ownership
or related organization		(state or foreign	onary	excluded from tax under sections 512-514)	moormo	assets	ate alloc		20 of Schedule	parti		moromp
SANTA ANA MOB, LLC -		country)		3000013 012 014)			Yes			Yes		
, 75-3205306, 1800 QUAIL	-											
STREET, STE 100, NEWPORT	1											
BEACH, CA 92660	REAL ESTATE	CA	N/A					x	N/A	2	<u> </u>	
SJO ASC HOLDINGS LLC -	-											
82-1655501, 1140 W. LA VETA	-											
AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A					x	N/A		,	
ST. JOSEPH PHYSICIAN VENTURES										l f	-	
I, LLC - 45-4521884, 1100	-											
WEST STEWART DRIVE, ORANGE,	-											
CA 92868	REAL ESTATE	CA	N/A					x	N/A			
ST. JOSEPH/SATELLITE DIALYSIS												
CTRS., LLC - 81-4657391, 300	1											
SANTANA ROW, SUITE 300, SAN	1											
JOSE, CA 95128	HEALTHCARE	CA	N/A					x	N/A	Þ	c	
ST. JUDE SURGICAL CENTERS,												
LLC - 82-3352570, 1801 LIND												
AVENUE SW ATTN: TAX DEPT.,												
RENTON, WA 98057	AMBULATORY SU	CA	N/A					x	N/A	2	c	
SURGERY CENTER AT												
TANASBOURNE, LLC -												
20-8187971, 11221 ROE AVE.,												
STE 300, LEAWOOD, KS 66211	AMBULATORY SU	KS	N/A					x	N/A	2	x 🗌	
	4											
TARZANA PEDIATRIC VENTURES	_											
LLC - 82-1308306, 18321 CLARK	-	~ ~								ΙL	_	
ST., TARZANA, CA 91356	HEALTHCARE	CA	N/A					x	N/A			
THE MADISON SPOKANE INN, LLC	_											
- 84-1606484, 15 WEST	-											
ROCKWOOD BLVD., SPOKANE, WA			7.73						27.62		,	
99204	HOTEL SERVICE	WA	N/A					x	N/A		<u> </u>	
MISSION VIEJO PARTNERS II,	4											
LLC - 82-3943675, 1801 LIND	4											
AVENUE SW ATTN: TAX DEPT.,		CA	мирма					x	N / 3		,	
RENTON, WA 98057	REAL ESTATE	CA	MHRMC	l				Å	N/A	2		

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	<b>(f)</b> Share of total	<b>(g)</b> Share of	( <b>I</b> Disprop	<b>1)</b> portion-	(i) Code V-UBI amount in box	<b>(j)</b> Genera manag	(k)
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc		20 of Schedule K-1 (Form 1065)	partne	r?
CANBY MEDICAL CENTER I, LLC -		country)		360110113 3 12-3 14)			Yes	No	R-1 (F0III 1003)	Yesr	
20-5470937, 4800 SW MACADAM	-										
AVE., STE 120, PORTLAND, OR	-										
97239	REAL ESTATE	OR	PHS OR					x	N/A	x	
	4										
CSS JV, LLC - 26-3638838	_										
11782 SW BARNES ROAD, STE 200								L	/-		
PORTLAND, OR 97226	AMBULATORY SURG	OR	PHS OR					x	N/A	X	
FIRST HILL SURGERY CENTER,	_										
LLC - 47-2066485, 1101	4										
MADISON STREET STE 200,								L	/-		
SEATTLE, WA 98104	AMBULATORY SURG	WA	SHS					x	N/A	X	
NORTH OC IMAGING JV HOLDINGS,	_										
LLC - 85-2444305, 1801 LIND	_										
AVENUE SE ATTN: TAX DEPT.,	_										
RENTON, WA 98057	HEALTHCARE	WA	SJMC					x	N/A	X	
PERFORMANCE MED. EQUIP. &	_										
RESP. SRVCS 45-2901632,	_										
19625 622ND AVENUE SOUTH,	_										
SUITE 101, KENT, WA 98032	MEDICAL EQUIP.	WA	SHS					x	N/A	X	
ST. PETER-SOUTH SOUND	_										
REGIONAL MRI CNTR -											
91-1455338, 3417 ENSIGN RD											
NE, OLYMPIA, WA 98506	MEDICAL IMAGING	WA	PHS WA					x	N/A	X	
HON ONG 11G 26 2191104	-										
WON-ONC, LLC - 26-2181194	-										
1900 COOKS HILL RD		1.73							27.62		
CENTRALIA, WA 98531	REAL ESTATE	WA	PHS WA					x	N/A	X	
PROVIDENCE & SCA OFF-CAMPUS	-										
HOLDINGS LLC - 82-3765555,	-										
569 BROOKWOOD VILLAGE, SUITE								L	/-		
901, BIRMINGHAM, AL 35209	MEDICAL	AL	PHS OR					X	N/A	X	
PROVIDENCE & SCA ON-CAMPUS	4										
HOLDINGS LLC - 82-3270499,	4										
569 BROOKWOOD VILLAGE, SUITE	4										
901, BIRMINGHAM, AL 35209	MEDICAL	AL	PHS OR					х	N/A	X	

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	0	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate allo	cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or F aging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
COMPREHENSIVE IMAGING	_											
PARTNERS OF ORANGE -	_											
26-4591502, ONE CITY BLVD W	_											
STE 1100, ORANGE, CA 92868	HEALTHCARE	CA	SJO					x	N/A		x	
	_											
	_											
	_											
	7											
	7											
	1											
	1											
	1											
	1									1		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(i contr	(i) ction (b)(13) trolled tity?
		country)						Yes	No
COMMUNITY TECHNOLOGIES, INC 84-4722399	-								
1801 LIND AVENUE SW ATTN: TAX DEPT.									
RENTON, WA 98057	IT SVCS	DE	N/A	C CORP					X
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA -	-								
95-2880495, 1301 20TH ST STE 280, SANTA	-								
MONICA, CA 90404	HEALTHCARE	CA	N/A	C CORP					X
HOAG MANAGEMENT SERVICES, INC - 33-0731587									
1 HOAG DRIVE, BOX 6100	_								
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	НМНР	C CORP					X
HOAG PHYSICIAN PARTNERS - 83-4276044									
16148 SAND CANYON AVE									
IRVINE, CA 92618	HEALTHCARE	CA	N/A	C CORP					Х
LUBBOCK METHODIST HOSP PRACTICE MGMT -									
75-2578995, 1801 LIND AVENUE SW ATTN: TAX									
DEPT., RENTON, WA 98057	INACTIVE	TX	N/A	C CORP					х
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585									
1801 LIND AVENUE SW ATTN: TAX DEPT.	-								
RENTON, WA 98057	HEALTHCARE	TX	N/A	C CORP					х
LUMEDIC, INC 83-3881097									
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP					х
MEDIREVV INC 20-8783763									
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP					х
MISSION VIEJO MEDICAL VENTURES - 33-0212905									
27800 MEDICAL CENTER RD, #354	1								
MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP					х
PERFORMANCE HEALTH TECHNOLOGY, LTD									
93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE,	1								
SALEM, OR 97302	HEALTHCARE	OR	N/A	C CORP					х
			-						<u> </u>
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	STRAT PLAN SV	CA	N/A	C CORP					x
PIONEER INNOVATIONS, INC 36-4818191									<u> </u>
1801 LIND AVENUE SW ATTN: TAX DEPT.	4								
RENTON, WA 98057	HEALTH INNOVA	WA	N/A	C CORP					x

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
PROVIDENCE ASSURANCE INC 20-8194071	4								
1801 LIND AVENUE SW ATTN: TAX DEPT.	4								
RENTON, WA 98057	CAPTIVE INSUR	AZ	N/A	C CORP					X
PROVIDENCE GLOBAL CENTER LLP - 98-1516461	4								
1801 LIND AVENUE SW ATTN: TAX DEPT.	4								
RENTON, WA 98057	IT SVCS	IN	N/A	C CORP					X
PROVIDENCE HEALTH CARE VENTURES, INC	_								
90-0155714, 101 W. 8TH AVE., TAF C-9,									
SPOKANE, WA 99204	CLIN/MED LAB	WA	N/A	C CORP					X
PROVIDENCE HEALTH NETWORK - 80-0886966									
1801 LIND AVENUE SW ATTN: TAX DEPT.									
RENTON, WA 98057	PREPAID HEALT	CA	N/A	C CORP					х
PROVIDENCE HEALTH VENTURES, INC									
33-0122216, 1801 LIND AVENUE SW ATTN: TAX	7								
DEPT., RENTON, WA 98057	INVESTMENT	CA	N/A	C CORP					х
PROVIDENCE PHYSICIAN SERVICES CO -									
91-1216033, 101 W. 8TH AVE., TAF C-9,	7								
SPOKANE, WA 99204	HEALTHCARE	WA	N/A	C CORP					х
PROVIDENCE ST. JOSEPH HEALTH NETWORK -									<u> </u>
82-3771547, 20555 EARL ST, TORRANCE, CA	1								
90503	HEALTHCARE	CA	N/A	C CORP					х
ST. JOSEPH HEALTH - 46-2340232									<u> </u>
1801 LIND AVENUE SW ATTN: TAX DEPT.	7								
RENTON, WA 98057	HOLDING CO	CA	N/A	C CORP					x
ST. JOSEPH HEALTH SOURCE INC - 46-1900168									$\vdash$
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP					x
ST. JOSEPH PROF SVCS. ENTERPRSES, INC -									<u> </u>
33-0155323 1801 LIND AVENUE SW ATTN: TAX	1								
DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP					x
VINSERRA, INC 95-3943315									
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	- INVESTMENT	CA	N/A	C CORP					x
TEGRIA SERVICES GROUP-US, INC 90-0872936									<u> </u>
1801 LIND AVENUE SW ATTN: TAX DEPT.	1								
RENTON, WA 98057	- HEALTHCARE	WI	N/A	C CORP					x

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction b)(13) rolled tity?
		country)						Yes	No
TEGRIA RCM GROUP, INC 84-4686520	-								
1801 LIND AVENUE SW ATTN: TAX DEPT.			7.73	C CORP					
RENTON, WA 98057	HOLDING CO	DE	N/A	C CORP					X
TEGRIA SERVICES GROUP, INC 84-4704409	-								
1801 LIND AVENUE SW ATTN: TAX DEPT.			7.73						
RENTON, WA 98057	HOLDING CO	DE	N/A	C CORP					X
TEGRIA HOLDINGS LLC - 84-2092143	-								
1801 LIND AVENUE SW ATTN: TAX DEPT.				a					
RENTON, WA 98057	HOLDING CO	DE	N/A	C CORP					X
QUIVIQ, INC 83-3879444	-								
1400-112TH AVENUE ST. SUITE 100			7.73						
BELLEVUE, WA 98004	ANALYTICS	WA	N/A	C CORP					X
ACCLARA SOLUTIONS INTERMEDIATE LLC -	-								
37-1783298, 10713 W. SAM HOUSTON PKWY N.				a					
#500, HOUSTON, TX 77064	FINANCIAL SVC	TX	N/A	C CORP					X
MEDICAL SPECIALTIES MANAGERS, INC	_								
33-0406218, 1801 LIND AVE., SW, RENTON, WA	4								
98057	HEALTHCARE	WA	N/A	C CORP					X
HMR WEIGHT MANAGEMENT SERVICES CORP	_								
46-3598718, 1801 LIND AVE., SW, RENTON, WA	_								
98057	RESEARCH	WA	N/A	C CORP					X
ACCLARA SOLUTIONS GROUP LLC - 87-0837184	_								
10713 W. SAM HOUSTON PKWY N. #500	_								
HOUSTON, TX 77064	HOLDING CO.	TX	N/A	C CORP					x
COLBURN HILL GROUP, INC 86-3383433	_								
1801 LIND AVE SW, ATTN: TAX DEPT.	_								
RENTON, WA 95057	HEALTHCARE	DE	N/A	C CORP					x
KENSCI, INC - 47-4048082									
615 2ND DRIVE AVE #700									
SEATTLE, WA 98104	HEALTHCARE	WA	N/A	C CORP					х
KENSCI TECH INDIA PRIVATE LIMITED									
615 2ND AVE #700									
SEATTLE, WA 98104	HEALTHCARE	INDIA	N/A	C CORP					х
KENSCI ASIA PACIFIC PTE LTD.									
615 2ND AVE #700									
SEATTLE, WA 98104	HEALTHCARE	SINGAPORE	N/A	C CORP					х

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	512( cont	(i) ction (b)(13) rolled tity?
		country)		or trust)		assets		Yes	T
TEGRIA INSIGHTS GROUP HOLDINGS, INC -									
86-1400769, 1801 LIND AVE SW, ATTN: TAX									
DEPT., RENTON, WA 98057	HOLDING CO	WA	N/A	C CORP					Х
TEGRIA INSIGHTS GROUP, INC 86-1532593									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP					х
TEGRIA PRODUCTS GROUP, INC - 87-0995138									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HOLDING CO	DE	N/A	C CORP					х
TEGRIA RCM GROUP US, INC - 86-3046450									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HOLDING CO	DE	N/A	C CORP					х
TEGRIA SERVICES GROUP-CAN, INC.									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP					х
HOAG ORTHOPEDIC NETWORK - 83-4062064									
ONE HOAG DRIVE PO BOX 6100									
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP					х
	7								
	7								

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
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?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	:
Gift, grant, or capital contribution from related organization(s)		X	:
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	:
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses		x	:
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HOAG CHARITY SPORTS	В	500,000.	CASH
(2) HOAG CHARITY SPORTS	с	398,000.	CASH
(3) HOAG CHARITY SPORTS	Р	47,332.	ACCRUAL
<u>(4)</u>			
(5)			
_(6)			

### Schedule R (Form 990) 2022 HOAG HOSPITAL FOUNDATION

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022
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HOAG HOSPITAL FOUNDATION

# Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PROVIDENCE CHILDREN'S NEONATAL SERVICES

EIN: 47-0918549

1801 LIND AVENUE SW ATTN: TAX DEPT.

RENTON, WA 98057

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

RADIATION THERAPY INNOVATIONS, LLC

EIN: 30-0553035

1221 MADISON STREET, 1ST FL

SEATTLE, WA 98104

Schedule R (Form 990) 2022

232165 09-14-22