

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization HOAG HOSPITAL FOUNDATION		D Employer identification number 95-3222343	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (949) 764-7219	
	330 PLACENTIA AVE			
City or town, state or province, country, and ZIP or foreign postal code NEWPORT BEACH, CA 92663		G Gross receipts \$ 43,570,441.		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: FLYNN ANDRIZZI SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.HOAGHOSPITALFOUNDATION.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1977	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	124
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	450,194.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	152,380,415.	35,336,304.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,609,672.	7,878,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-225,155.	-211,740.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,764,932.	43,002,719.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,406,620.	40,457,641.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,287,783.	11,611,442.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	12,679,938.	
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	584,715,727.	543,042,123.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,007,275.	20,754,756.
		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 Here	Signature of officer		Date		
	GEOFF MCCLOSKEY, SVP Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	HOLLY K. MOEN	Holly Moen	11/15/23	<input type="checkbox"/>	P01800653
Firm's name KPMG LLP			Firm's EIN	13-5565207	
Firm's address 550 SOUTH HOPE STREET, SUITE 1500 LOS ANGELES, CA 90071			Phone no. 213-972-4000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HOAG HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO RAISE FUNDS FOR HOAG MEMORIAL HOSPITAL PRESBYTERIAN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included on line 1a... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
FLYNN ANDRIZZI - 949-764-7219
330 PLACENTIA AVE, NEWPORT BEACH, CA 92663

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BRAITHWAITE CEO, HOAG HOSPITAL	2.00 57.00	X						0.	3,232,319.	315,573.
(2) FLYNN ANDRIZZI PRESIDENT FOUNDATION	50.00 4.00	X		X				0.	750,940.	44,596.
(3) GEOFFREY M MCCLOSKEY VP SR FINANCE & DEVELOP OPS	50.00 0.00				X			0.	394,675.	21,171.
(4) DANNA GRANT VP SR ADVANCEMENT	50.00 0.00				X			0.	354,137.	42,600.
(5) GWEN RITTER VP DEVELOPMENT	50.00 0.00				X			0.	300,078.	41,957.
(6) LYDDY LEWIS VP DEVELOPMENT	50.00 0.00				X			0.	315,113.	25,900.
(7) ADAM DE LA PENA-GAFKE VP DEVELOP OPS & CAMPAIGNS	50.00 0.00				X			0.	297,461.	35,774.
(8) JULIE HEGGENESS EXEC DIR PLAN, GIVING & LEGAL	50.00 0.00					X		0.	254,480.	25,539.
(9) SAMANTHA LANG VP DEVELOPMENT	50.00 0.00				X			0.	264,364.	12,198.
(10) DEBRA MCCUNE EXEC DIR STEWARD & STRAT ENG	50.00 0.00					X		0.	243,742.	27,720.
(11) CARA UISPRAPASSORN EXEC DIR DONOR EXPERIENCE	50.00 0.00					X		0.	214,372.	39,769.
(12) ANGELA MORANO DIRECTOR MAJOR GIFTS	50.00 0.00					X		0.	227,823.	24,876.
(13) SUSANA ERTAC EXEC DIR BENEFACTOR PROGRAM	50.00 0.00					X		0.	218,194.	17,572.
(14) RICHARD TAKETA BOARD CHAIR	5.00 0.00	X						0.	0.	0.
(15) DEBORAH MARGOLIS BOARD VICE CHAIR	4.00 0.00	X						0.	0.	0.
(16) KYLE WESTCOAT BOARD TREASURER	4.00 0.00	X						0.	0.	0.
(17) CAROLYN MCKITTERICK BOARD SECRETARY	4.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY ALLEN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(19) VICTOR ASSAD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(20) PHILIP BELLING BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(21) PATRICIA BERCHTOLD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(22) IRVING CHASE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(23) DIANE CONNELLY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(24) BENJAMIN DU BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(25) GARY FUDGE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(26) MARK HARDTKE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
1b Subtotal								0.	7,067,698.	675,245.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	7,067,698.	675,245.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTAIN CONSULTING, 1600 TYSONS BLVD SUITE 1400, MC LEAN, VA 22102	SOFTWARE CONSULTANT	402,031.
336 PRODUCTIONS 2338 CORNELL DRIVE, COSTA MESA, CA 92626	VIDEOGRAPHY	126,434.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	16,397.				
	1 b	Membership dues					
	1 c	Fundraising events	1,925,614.				
	1 d	Related organizations	395,000.				
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	32,999,293.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 4,041,165.				
	1 h	Total. Add lines 1a-1f		35,336,304.			
Program Service Revenue	2 a	_____					
	2 b	_____					
	2 c	_____					
	2 d	_____					
	2 e	_____					
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,878,155.	450,194.	7,427,961.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	18,505.			
			(ii) Personal				
	6 b	Less: rental expenses ...	0.				
	6 c	Rental income or (loss)	18,505.				
	6 d	Net rental income or (loss)		18,505.		18,505.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
7 d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 1,925,614. of contributions reported on line 1c). See Part IV, line 18		337,477.				
8 b	Less: direct expenses	567,722.					
8 c	Net income or (loss) from fundraising events		-230,245.		-230,245.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____					
	11 b	_____					
	11 c	_____					
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		43,002,719.	0.	450,194.	7,216,221.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	40,457,641.	40,457,641.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,024,681.		604,936.	2,419,745.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,472,084.		1,294,417.	5,177,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,024,400.		204,880.	819,520.
9 Other employee benefits	693,962.		138,792.	555,170.
10 Payroll taxes	396,315.		79,263.	317,052.
11 Fees for services (nonemployees):				
a Management	539,573.		107,915.	431,658.
b Legal	13,607.		2,721.	10,886.
c Accounting	178,645.		178,645.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,015,275.		1,015,275.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	669,693.		133,939.	535,754.
13 Office expenses	699,503.		139,901.	559,602.
14 Information technology	693,555.		138,711.	554,844.
15 Royalties				
16 Occupancy	324,388.		64,878.	259,510.
17 Travel	75,916.		15,183.	60,733.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	1,222,246.		244,449.	977,797.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	57,501,484.	40,457,641.	4,363,905.	12,679,938.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	268,348.	9	555,909.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,223,035.		
	b Less: accumulated depreciation	10b 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 11	265,150,195.	12	211,520,001.
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	584,715,727.	16	543,042,123.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,363,393.	25	7,702,134.
	26 Total liabilities. Add lines 17 through 25	18,007,275.	26	20,754,756.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	146,973,230.	27	133,136,727.
	28 Net assets with donor restrictions	419,735,222.	28	389,150,640.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	566,708,452.	32	522,287,367.
33 Total liabilities and net assets/fund balances	584,715,727.	33	543,042,123.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	39,597,944.	60,580,496.	97,847,499.	152,380,415.	35,336,304.	385,742,658.
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						
4 Total. Add lines 1 through 3	39,597,944.	60,580,496.	97,847,499.	152,380,415.	35,336,304.	385,742,658.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						128,977,805.
6 Public support. Subtract line 5 from line 4.						256,764,853.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	39,597,944.	60,580,496.	97,847,499.	152,380,415.	35,336,304.	385,742,658.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,341,768.	10,275,043.	9,452,620.	33,609,672.	7,446,466.	68,125,569.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					450,194.	450,194.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						454,318,421.
12 Gross receipts from related activities, etc. (see instructions)					12	337,477.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	56.52 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	72.85 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 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						
c Add lines 10a and 10b						
11 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 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	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: \$		
a	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:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 4,041,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,084,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 941,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PROPERTY AND SECURITIES _____ _____ _____	\$ 4,041,165.	11/21/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization HOAG HOSPITAL FOUNDATION	Employer identification number 95-3222343
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **HOAG HOSPITAL FOUNDATION** Employer identification number **95-322343**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	184,029,760.	164,655,908.	143,701,793.	130,966,595.	136,620,451.
b Contributions	-158,581.	3,030,230.	5,819,236.	6,011,242.	894,423.
c Net investment earnings, gains, and losses	-12,677,007.	23,223,391.	21,695,599.	13,990,511.	1,598,221.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,704,570.	6,879,769.	6,560,720.	7,266,555.	8,146,500.
f Administrative expenses					
g End of year balance	165,489,602.	184,029,760.	164,655,908.	143,701,793.	130,966,595.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.4300 %
 - b Permanent endowment 57.8000 %
 - c Term endowment 38.7700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,223,035.	420,078.	802,957.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				802,957.

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.)	7,702,134.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

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

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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
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 Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			88,276,554.

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

Schedule F (Form 990) 2022

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2022

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3, COLUMN F

ACCOUNTING METHOD

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

VALUE OF THE INVESTMENTS IN THE IDENTIFIED REGIONS AS OF THE

ORGANIZATION'S FISCAL YEAR ENDED DECEMBER 31, 2022.

Multiple horizontal lines for supplemental information input.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		c1000 (event type)	CHRISTMAS CAROL BALL (event type)	1 (total number)	
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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		2,482.		2,482.
	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.
11 Net income summary. Subtract line 10 from line 3, column (d)				-230,245.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) 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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTS ARE SENT TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN TO OFFSET

EXPENDITURES THAT HAVE BEEN INCURRED. ALL DOCUMENTATION IS OBTAINED TO

SUPPORT THE USE OF GRANTS. RECIPIENTS OF THE GRANTS ARE REVIEWED AT THE

TIME THE GRANTS ARE GIVEN.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

WRITTEN POLICY REGARDING PAYMENT OF EXPENSES

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

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

REIMBURSES HMHP AND PROVIDES THE BENEFIT.

PART I, LINE 3:

METHODS USED TO DETERMINE EXECUTIVE DIRECTOR/PRESIDENT COMPENSATION

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

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

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

THAT IS COMPLETED BY HMHP TO REVIEW AND DETERMINE COMPENSATION.

PART I, 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
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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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	391,165.	COST/ SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	1,900,000.	APPRAISED AMOUNT
16 Real estate - Commercial	X	1	1,750,000.	APPRAISED AMOUNT
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 32A

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HOAG HOSPITAL FOUNDATION

Employer identification number

95-3222343

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF HOAG HOSPITAL FOUNDATION IS ADVANCING THE MISSION OF

HOAG MEMORIAL HOSPITAL PRESBYTERIAN THROUGH MEANINGFUL AND

INSPIRATIONAL PHILANTHROPIC PARTNERSHIPS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

HOAG MEMORIAL HOSPITAL PRESBYTERIAN, A RELATED TAX-EXEMPT ORGANIZATION, IS

THE SOLE CORPORATE MEMBER OF HOAG HOSPITAL FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

POWER TO ELECT OR APPOINT MEMBERS

THE ORGANIZATION'S MEMBERS ELECT THE DIRECTORS OF HOAG HOSPITAL FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS RESERVED FOR MEMBERS OR STOCKHOLDERS

THE ORGANIZATION'S MEMBERS MUST APPROVE THE FOLLOWING:

A) CHANGES TO THE ARTICLES OF INCORPORATION;

B) CHANGES OR AMENDMENTS TO THE BYLAWS;

C) APPOINTMENT AND REMOVAL OF DIRECTORS;

D) REMOVAL OF OFFICERS;

E) ANY CHANGE IN THE FUNDAMENTAL NATURE OF THE FOUNDATION;

F) DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS;

G) ANY MERGER, CONSOLIDATION OR SIMILAR REORGANIZATION OF THE CORPORATE

STRUCTURE, OR DISSOLUTION, OF THE FOUNDATION; AND

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization HOAG HOSPITAL FOUNDATION	Employer identification number 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

Name of the organization HOAG HOSPITAL FOUNDATION	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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization <p align="center">HOAG HOSPITAL FOUNDATION</p>	Employer identification number <p align="center">95-3222343</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	WHC		X
SAINT JOHN'S CANCER INSTITUTE - 95-4291515 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC		X
KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12, III	KRMC		X
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	WHC		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 SOCIAL		X
LUBBOCK HERITAGE HOSPITAL, LLC - 26-4021016 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS		X
LUNDBERG ASSOCIATION/PROVIDENCE HOUSE - 91-1562797, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR		X
METHODIST CHILDREN'S HOSPITAL - 75-2428911 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS		X
METHODIST HOSPITAL LEVELLAND - 75-2246348 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS		X
METHODIST HOSPITAL PLAINVIEW - 75-2426010 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS		X
MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NORTHWEST HOPE & HEALING FOUNDATION - 20-0799737, PO BOX 16069, SEATTLE, WA 98116	SUPPORT	WASHINGTON	501(C)(3)	12, I	SHS		X
PACMED CLINICS - 56-2290878 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	10	WHC		X
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 501 SOUTH BUENA VISTA STREET BURBANK, CA 91505	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCIAL		X
PROVIDENCE ALASKA FOUNDATION - 92-0093565 3760 PIPER STREET, SUITE 2021 ANCHORAGE, AK 99508	HEALTHCARE	ALASKA	501(C)(3)	7	PHS WA		X
PROVIDENCE BENEDICTINE NURSING CTR FNDN - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		X
PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213	SUPPORT	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	N/A		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 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12, II	PSJH		X
PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	3	PHS		X
PROVIDENCE HEALTH & SERVICES - WA - 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 - 91-1303277, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PM/WHC		X
PROVIDENCE HEALTH ASSURANCE - 55-0828701 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	MEDICAID	OREGON	501(C)(4)	N/A	PHP		X
PROVIDENCE HEALTH CARE FNDN - E. WA - 32-0014330, 101 W 8TH AVE, SPOKANE, WA 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		X
PROVIDENCE HEALTH SYSTEM - SO CAL - 51-0216589, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS		X
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		X
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		X
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 2811 SOUTH 102ND NO 220, TUKWILA, WA 98168	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA		X
PROVIDENCE LITTLE COMPANY OF MARY FNDN - 51-0224944, 4101 TORRANCE BLVD, TORRANCE, CA 90503	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCIAL		X
PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 3725 PROVIDENCE POINT DRIVE SE, ISSAQUAH, WA 98029	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE MEDICAL INSTITUTE - 33-0283773 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PHS SOCIAL		X
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 10150 SE 32ND AVE MILWAUKIE, OR 97222	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE MINISTRIES 1801 LIND AVE SW ATTN TAX DEPT. 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., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		X
PROVIDENCE PLAN PARTNERS - 91-1861964 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(4)	N/A	PHS OR		X
PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 4805 NE GLISAN ST, PORTLAND, OR 97213	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	10	PHS WA		X
PROVIDENCE SAINT JOHN'S HEALTH CENTER - 95-1684082, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCIAL		X
PROVIDENCE SAINT JOHN'S MEDICAL FNDN - 81-4542216, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCIAL		X
PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 725 S WAHANNA ROAD, SEASIDE, OR 97138	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						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		X
PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		X
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		X
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., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA		X
PROVIDENCE SOUTHWEST WASHINGTON FNDN - 91-1097056, 413 LILLY ROAD NE, OLYMPIA, WA 98506	SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA		X
PROVIDENCE ST. VINCENT MEDICAL FNDN - 93-0575982, 9205 SW BARNES ROAD, STE MT2111, PORTLAND, OR 97225	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR		X
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCIAL		X
PROVIDENCE TRINITYCARE HOSPICE FNDN - 33-0261016, 5315 TORRANCE BLVD NO B-1, TORRANCE, CA 90503	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PTCH		X
PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN - 93-1003750, 1500 DIVISION STREET, OREGON CITY, OR 97045	HEALTHCARE	OREGON	501(C)(3)	12, I	PHS OR		X
REDWOOD MEMORIAL FOUNDATION - 94-2779313 2700 DOBEER STREET EUREKA, CA 95501	HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH		X
SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN - 95-6100079, 2121 SANTA MOINCA BLVD, SANTA MONICA, CA 90404	SUPPORT	CALIFORNIA	501(C)(3)	7	PSJHC		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		X
ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN		X
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 502 W SPRUCE STREET MISSOULA, MT 59802	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA		X
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		X
SWEDISH EDMONDS - 27-2305304 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC		X
SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC		X
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		X
THE GAMELIN ASSOCIATION - 91-1180824 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA		X
THE GAMELIN CALIFORNIA ASSOCIATION - 91-1293869, 1801 LIND AVE SW ATTN TAX DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	10	PHS SOCIAL		X
THE GAMELIN OREGON ASSOCIATION - 91-1214491 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	10	PHS OR		X
UNIVERSITY OF PROVIDENCE - 81-0231777 1801 LIND AVE SW ATTN TAX DEPT. RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	2	PHS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
20TH STREET SURGERY LLC - 73-1735618, 1301 20TH STREET STE 140, SANTA MONICA, CA 90404	AMBULATORY SU	CA	N/A					X	N/A		X	
BRIDGEPORT MEDICAL IMAGING (BMI) - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A					X	N/A		X	
BROADWAY IMAGING, LLC - 52-2405971, PO BOX 4587, MISSOULA, MT 59806-4587	MEDICAL IMAGI	MT	N/A					X	N/A		X	
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		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1221 MADISON STREET OWNERS ASSOC. - 20-1954319, 747 BROADWAY, SEATTLE, 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					X
AYIN HEALTH SOLUTIONS, INC. - 83-3037172 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP					X
BOURGET HEALTH SERVICES, INC. - 91-1354431 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP					X
CARON HEALTH CORPORATION - 81-0486082 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	MED PHYS SVCS	MT	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTER FOR MEDICAL IMAGING (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, #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	TX	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, AUBURN, WA 98001	REAL ESTATE R	WA	N/A					X	N/A		X	
HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 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	HMHP					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IMAGING ASSOCIATES LLC - 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 STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A					X	N/A		X	
NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	HMHP					X	N/A		X	
OREGON ADVANCED IMAGING, LLC - 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					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PROV. RADIATION ONCOLOGY DEVELOP. ASSN., - 26-0682491, 4400 NE HALSEY, #495, PORTLAND, OR 97213	REAL ESTATE	OR	N/A					X	N/A		X	
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, 1801 LIND AVENUE SW ATTN: TAX 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					X	N/A		X	
PROVIDENCE UCLA USP SURGERY CENTER JV - 32-0503030, 14201 DALLAS PARKWAY, DALLAS, TX 75254	AMBULATORY SU	CA	N/A					X	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 INNOVATIONS, LLC - 30-0553035, 1221 MADISON STREET, 1ST FL, SEATTLE, WA	HEALTHCARE	WA	N/A					X	N/A		X	

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

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							Yes	No		Yes	No	
SANTA ANA MOB, LLC - 75-3205306, 1800 QUAIL STREET, STE 100, NEWPORT BEACH, CA 92660	REAL ESTATE	CA	N/A					X	N/A		X	
SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A					X	N/A		X	
ST. JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868	REAL ESTATE	CA	N/A					X	N/A		X	
ST. JOSEPH/SATELLITE DIALYSIS CTRS., LLC - 81-4657391, 300 SANTANA ROW, SUITE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A					X	N/A		X	
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		X	
TANASBOURNE, LLC - 20-8187971, 11221 ROE AVE., STE 300, LEAWOOD, KS 66211	AMBULATORY SU	KS	N/A					X	N/A		X	
TARZANA PEDIATRIC VENTURES LLC - 82-1308306, 18321 CLARK ST., TARZANA, CA 91356	HEALTHCARE	CA	N/A					X	N/A		X	
THE MADISON SPOKANE INN, LLC - 84-1606484, 15 WEST ROCKWOOD BLVD., SPOKANE, WA 99204	HOTEL SERVICE	WA	N/A					X	N/A		X	
MISSION VIEJO PARTNERS II, LLC - 82-3943675, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	REAL ESTATE	CA	MHRMC					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
							Yes	No		Yes	No		
CANBY MEDICAL CENTER I, LLC - 20-5470937, 4800 SW MACADAM AVE., STE 120, PORTLAND, OR 97239	REAL ESTATE	OR	PHS OR					X		N/A		X	
CSS JV, LLC - 26-3638838 11782 SW BARNES ROAD, STE 200 PORTLAND, OR 97226	AMBULATORY SURG	OR	PHS OR					X		N/A		X	
FIRST HILL SURGERY CENTER, LLC - 47-2066485, 1101 MADISON STREET STE 200, 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	
WON-ONC, LLC - 26-2181194 1900 COOKS HILL RD CENTRALIA, WA 98531	REAL ESTATE	WA	PHS WA					X		N/A		X	
PROVIDENCE & SCA OFF-CAMPUS HOLDINGS LLC - 82-3765555, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	PHS OR					X		N/A		X	
PROVIDENCE & SCA ON-CAMPUS HOLDINGS LLC - 82-3270499, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	PHS OR					X		N/A		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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	HMHP	C CORP					X
HOAG PHYSICIAN PARTNERS - 83-4276044 16148 SAND CANYON AVE IRVINE, CA 92618	HEALTHCARE	CA	N/A	C CORP					X
LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	INACTIVE	TX	N/A	C CORP					X
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TX	N/A	C CORP					X
LUMEDIC, INC. - 83-3881097 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP					X
MEDIREVV INC. - 20-8783763 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP					X
MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP					X
PERFORMANCE HEALTH TECHNOLOGY, LTD. - 93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR 97302	HEALTHCARE	OR	N/A	C CORP					X
PHN HOLDINGS - 46-1814184 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	STRAT PLAN SV	CA	N/A	C CORP					X
PIONEER INNOVATIONS, INC. - 36-4818191 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTH INNOVA	WA	N/A	C CORP					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
PROVIDENCE ASSURANCE INC. - 20-8194071 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	CAPTIVE INSUR	AZ	N/A	C CORP					X
PROVIDENCE GLOBAL CENTER LLP - 98-1516461 1801 LIND AVENUE SW ATTN: TAX DEPT. 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					X
PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	INVESTMENT	CA	N/A	C CORP					X
PROVIDENCE PHYSICIAN SERVICES CO - 91-1216033, 101 W. 8TH AVE., TAF C-9, SPOKANE, WA 99204	HEALTHCARE	WA	N/A	C CORP					X
PROVIDENCE ST. JOSEPH HEALTH NETWORK - 82-3771547, 20555 EARL ST, TORRANCE, CA 90503	HEALTHCARE	CA	N/A	C CORP					X
ST. JOSEPH HEALTH - 46-2340232 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HOLDING CO	CA	N/A	C CORP					X
ST. JOSEPH HEALTH SOURCE, INC - 46-1900168 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP					X
ST. JOSEPH PROF SVCS. ENTERPRSES, INC - 33-0155323, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP					X
VINSERRA, INC. - 95-3943315 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	INVESTMENT	CA	N/A	C CORP					X
TEGRIA SERVICES GROUP-US, INC. - 90-0872936 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WI	N/A	C CORP					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOAG CHARITY SPORTS	B	500,000.	CASH
(2) HOAG CHARITY SPORTS	C	398,000.	CASH
(3) HOAG CHARITY SPORTS	P	47,332.	ACCRUAL
(4)			
(5)			
(6)			

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