

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

OUR MISSION AS A NOT-FOR-PROFIT, FAITH-BASED HOSPITAL IS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 623,401,361	including grants of \$ 10,906,763)	(Revenue \$ 1,092,582,838)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	623,401,361
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
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? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	793	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	6,993			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	Yes	No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in 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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► ANDREW GUARNI ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 (949) 764-4448

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 ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	8,225,408	7,470,970	5,118,139

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 ▶ 1,057

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
Pacific Hospitalists Associates, 17360 Brookhurst Street Fountain Valley, CA 92708	Medical services	8,297,383
Newport Critical Care, 17 Emerald Terrace Aliso Viejo, CA 92656	medical services	7,360,844
Renovo Solutions, 4 Executive Circle Ste 185 Irvine, CA 92614	biomed services	3,811,200
Emerald Textiles, 1725 Dornoch Court Ste 202 San Diego, CA 92154	textile rental	2,964,282
DVA RENAL HEALTHCARE, PO BOX 781607 PHILADELPHIA, PA 19178	MEDICAL SERVICES	1,900,000

<p>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 ► 157</p>	
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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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	0				
	d Related organizations	1d	21,719,715				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	180,759				
	g Noncash contributions included in lines 1a - 1f \$		0				
	h Total. Add lines 1a-1f		21,900,474				
Program Service Revenue			Business Code				
	2a PATIENT SERVICES	622110	987,296,508	987,296,508	0	0	
	b HMO CAPITATED PAYMENTS	622110	38,887,757	38,887,757	0	0	
	c MOB RENTAL INCOME	531190	34,634,869	34,634,869	0	0	
	d CAFETERIA SALES	722212	4,972,854	4,972,854	0	0	
	e QUALITY ASSURANCE FEE REVENUE	900099	7,817,164	7,817,164	0	0	
	f All other program service revenue		9,011,083	9,011,083	0	0	
	g Total. Add lines 2a-2f		1,082,620,235				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,701,833			16,701,833	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents		(i) Real	(ii) Personal			
	b Less rental expenses						
	c Rental income or (loss)		0	0			
	d Net rental income or (loss)				0		
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses		228,170,771	376,637			
	c Gain or (loss)		225,432,365				
	d Net gain or (loss)		2,738,406	376,637	3,115,043	3,115,043	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0			
	b Less direct expenses		b	0			
	c Net income or (loss) from fundraising events				0		
	9a Gross income from gaming activities See Part IV, line 19		a	0			
	b Less direct expenses		b	0			
	c Net income or (loss) from gaming activities				0		
	10a Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a INCOME/LOSS FROM PARTNERSHIPS/LLCS		525990	-13,118,690	440,436	-13,559,126	0	
b MISC HOI SERVICES		561110	12,000,513	8,371,135	3,629,378	0	
c CHILD CARE PROGRAM		624410	1,854,735	0	0	1,854,735	
d All other revenue			1,494,568	1,151,032	343,536		
e Total. Add lines 11a-11d				2,231,126			
12 Total revenue. See Instructions			1,126,568,711	1,092,582,838	-9,586,212	21,671,611	

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.	10,906,763	10,906,763		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	6,243,408	412,065	5,831,343	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	206,108	73,286	132,822	0
7 Other salaries and wages.	390,122,972	257,521,505	132,601,467	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	16,055,642	4,631,472	11,424,170	0
9 Other employee benefits.	47,629,316	22,279,146	25,350,170	0
10 Payroll taxes.	27,156,803	18,612,295	8,544,508	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	4,091,143	0	4,091,143	0
c Accounting.	171,052	0	171,052	0
d Lobbying.	31,353	31,353	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	5,407,019	0	5,407,019	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	105,727,694	28,483,874	77,243,820	0
12 Advertising and promotion.	3,944,761	43,519	3,901,242	0
13 Office expenses.	12,676,783	2,318,053	10,358,730	0
14 Information technology.	14,133,277	714,740	13,418,537	0
15 Royalties.	0	0	0	0
16 Occupancy.	53,835,797	28,132,316	25,703,481	0
17 Travel.	359,953	50,479	309,474	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	342,552	130,176	212,376	0
20 Interest.	21,365,339	21,155,943	209,396	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	86,979,661	27,225,489	59,754,172	0
23 Insurance.	3,939,127	2,433,022	1,506,105	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	141,007,804	139,107,769	1,900,035	0
b QA ASSURANCE FEE	53,482,409	53,482,409	0	0
c LICENSES & TAXES	8,101,046	0	8,101,046	0
d ALL OTHER EXPENSES	48,150,027	5,655,687	42,494,340	0
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	1,062,067,809	623,401,361	438,666,448	0
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).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	115,792,086	1	31,864,569
	2 Savings and temporary cash investments	99,851,188	2	114,363,016
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	103,156,794	4	147,957,101
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	5,902,301	7	3,358,004
	8 Inventories for sale or use	4,889,729	8	6,105,341
	9 Prepaid expenses and deferred charges	22,847,032	9	14,317,549
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,779,662,046		
	b Less: accumulated depreciation	843,976,856		
		911,044,286	10c	935,685,190
	11 Investments—publicly traded securities	574,913,113	11	480,627,555
	12 Investments—other securities. See Part IV, line 11	1,113,304,696	12	1,150,592,824
	13 Investments—program-related. See Part IV, line 11	96,708,352	13	12,517,604
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	116,753,844	15	117,534,208	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,165,163,421	16	3,014,922,961	
Liabilities	17 Accounts payable and accrued expenses	138,317,680	17	143,089,136
	18 Grants payable	0	18	0
	19 Deferred revenue	23,963,548	19	583,890
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	692,205,923	25	675,574,970
	26 Total liabilities. Add lines 17 through 25	854,487,151	26	819,247,996
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,310,606,460	27	2,195,594,546
	28 Temporarily restricted net assets	69,810	28	80,419
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,310,676,270	33	2,195,674,965	
34 Total liabilities and net assets/fund balances	3,165,163,421	34	3,014,922,961	

Part XI Reconciliation of Net AssetsCheck 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	1,126,568,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,062,067,809
3	Revenue less expenses Subtract line 2 from line 1	3	64,500,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,310,676,270
5	Net unrealized gains (losses) on investments	5	-71,886,799
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-107,615,408
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,195,674,965

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 95-1643327

Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Miles Chang MD Board Member	2 0 0 0	X						0	0	0
Dennis J Gilmore Board Member	2 0 0 0	X						0	0	0
KAREN D LINDEN CHAIR/BOARD MEMBER HHF	5 0 4 0	X		X				0	0	0
Jeffrey H Margolis Board Member	2 0 0 0	X						0	0	0
Pamela Massey Board Member	2 0 0 0	X						0	0	0
Gary S McKitterick PAST CHAIR	2 0 2 0	X						0	0	0
Cynthia Stokke Board Member	2 0 0 0	X						0	0	0
Vicki Booth Board Member	2 0 0 0	X						0	0	0
Paul Heeschen Board Member	2 0 0 0	X						0	0	0
Robert Evans Board Member	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joel Katz MD Board Member	2 0 0 0	X						0	0	0
George H Wood Chair-Elect	4 0 2 0	X		X				0	0	0
Daniel Young Board Member	2 0 0 0	X						0	0	0
Rodney Hochman MD BD Member/PSJH PRESIDENT/CEO	2 0 48 0	X						0	6,569,155	4,266,266
Raymond Ricci MD Secretary	4 0 0 0	X		X				0	0	0
James Shepherdson Board Member	2 0 0 0	X						0	0	0
ROBERT S BRUNSWICK BOARD MEMBER/CHAIR HHF	2 0 5 0	X						0	0	0
ANDREW GUARNI SVP & CFO/PRES HMTS	50 0 4 0			X				481,944	0	39,262
ROBERT BRAITHWAITE CEO/PRESIDENT	50 0 9 0			X				1,128,353	0	179,305
RICHARD MARTIN SVP & CHIEF NURSING OFFICER	50 0 0 0				X			549,257	0	72,566

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANFORD SMITH SVP REAL ESTATE & FACILITIES	50 0 0 0				X			1,101,765	0	81,662
FLYNN ANDRIZZI SVP/PRES HHF/BOARD MEMBER HCS	2 0 52 0				X			617,229	0	68,387
MICHAEL RICKS EXECUTIVE VP/COO	50 0 0 0				X			581,818	0	75,080
KRIS V IYER MD VP SR & CAO HMTS/BD CHAIR HMTS	2 0 50 0				X			547,835	0	32,475
JAN BLUE SR VP HUMAN RESOURCES	50 0 0 0				X			547,835	0	44,172
PATRICK ANDERSON CHIEF INFO OFCR (PART YEAR)	50 0 0 0				X			319,993	0	0
JENNIFER MITZNER VP AND CEO HOI	0 0 54 0					X		638,834	0	69,870
MARTIN FEE SENIOR VP/CCO	50 0 2 0					X		429,252	0	13,219
MICHAEL BRANT-ZAWADZKI EXECUTIVE MEDICAL DIRECTOR	50 0 0 0					X		524,805	0	47,359
ALLYSON BROOKS EXEC DIR MED WOMENS HEALTH	50 0 0 0					X		437,900	0	48,650

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCY BROWN VP HHI & AMBULATORY SVCS	50 0 0 0					X		318,588	0	46,628
JACK COX FORMER SVP/CHIEF QUALITY OFCR	0 0 50 0						X	0	901,815	33,238

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number

95-1643327

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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						
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)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. 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 type="checkbox"/>					
b	33 1/3% support test—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
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>	10a	
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>	10b	

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

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>		

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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>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>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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)	1	
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 (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1643327

Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Employer identification number 95-1643327
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		31,353
j	Total. Add lines 1c through 1i			31,353
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	LOBBYING ACTIVITIES THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number
95-1643327

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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 (e g , recreation or education)

☐ Preservation of an 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 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 7/25/06, 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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	136,620,451	126,638,880	124,290,975	135,212,918	133,533,623
b Contributions	894,423	2,373,258	3,078,867	1,201,607	17,412,921
c Net investment earnings, gains, and losses	1,598,221	7,539,150	9,732,429	-2,598,457	3,480,058
d Grants or scholarships					
e Other expenditures for facilities and programs	8,146,500	-69,163	10,463,391	9,525,093	19,213,684
f Administrative expenses					
g End of year balance	130,966,595	136,620,451	126,638,880	124,290,975	135,212,918

2

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

a

Board designated or quasi-endowment ▶ 12 630 %

b

Permanent endowment ▶ 31 750 %

c

Temporarily restricted endowment ▶ 55 620 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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	0	85,713,836		85,713,836
b Buildings	0	1,017,138,354	406,741,185	610,397,169
c Leasehold improvements	0	127,836,427	65,174,882	62,661,545
d Equipment	0	462,141,190	372,060,789	90,080,401
e Other	0	86,832,239		86,832,239
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				935,685,190

Schedule D (Form 990) 2018

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) HEDGE FUNDS	453,762,259	F
(B) EQUITY COMMINGLED FUNDS	365,286,023	F
(C) PRIVATE EQUITY	181,429,320	F
(D) REAL ASSETS	150,115,222	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1,150,592,824	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
INTERCO WITH HEALTH SYSTEM-BONDS	511,641,224	
CAPITALIZED LEASES	43,074,970	
SELF INSURANCE LIABILITIES	34,262,628	
OTHER MISC LIABILITIES	28,941,907	
OTHER ACCRUED LIABILTIES	23,439,857	
LEASE INCENTIVE OBLIGATION	10,469,841	
NOTE PAYABLE	9,656,951	
CAPITATED CONTRACTS	7,739,894	
ACCRUED INCOME GUARANTEES	6,347,698	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	675,574,970	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		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.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 95-1643327
Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
INTERCO WITH HEALTH SYSTEM-BONDS	511,641,224
CAPITALIZED LEASES	43,074,970
SELF INSURANCE LIABILITIES	34,262,628
OTHER MISC LIABILITIES	28,941,907
OTHER ACCRUED LIABILTIES	23,439,857
LEASE INCENTIVE OBLIGATION	10,469,841
NOTE PAYABLE	9,656,951
CAPITATED CONTRACTS	7,739,894
ACCRUED INCOME GUARANTEES	6,347,698

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to 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

2018

**Open to Public
Inspection**

Employer identification number

95-1643327

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					560,876,070
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					560,876,070

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	ACCOUNTING METHOD THE AMOUNTS REPORTED IN PART I, LINE 3, COLUMN F REPRESENT THE MARKET VALUES OF THE INVESTMENTS IN THE IDENTIFIED REGIONS AS OF THE ORGANIZATION'S FISCAL YEAR ENDED DECEMBER 31, 2018

Additional Data

Software ID:

Software Version:

EIN: 95-1643327

Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		528,584,261
Europe (Including Iceland and Greenland)			Investments		20,624,280

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments		11,618,807
Sub-Saharan Africa			Investments		48,722

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number
95-1643327

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,947,358		10,947,358	0 980 %
b Medicaid (from Worksheet 3, column a)			93,004,439	50,117,316	42,887,123	3 850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,378		8,378	0 %
d Total Financial Assistance and Means-Tested Government Programs			103,960,175	50,117,316	53,842,859	4 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,330,027		3,330,027	0 300 %
f Health professions education (from Worksheet 5)			34,665		34,665	0 %
g Subsidized health services (from Worksheet 6)			115,723		115,723	0 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,525,904		11,525,904	1 030 %
j Total. Other Benefits			15,006,319		15,006,319	1 350 %
k Total. Add lines 7d and 7j			118,966,494	50,117,316	68,849,178	6 160 %

Part III

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	37,843,716	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	160,816,069
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	114,273,121
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	46,542,948
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	No
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	

Part IV

Management Companies and Joint Ventures(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HOAG ORTHO INST	SPECIALTY HOSPITAL	51 %		49 %
2 MAIN ST SPEC SURGERY	OUTPATIENT SURGERY CENTER	33 23 %		16 95 %
3 NWPT BCH RADIOSRGRY	SURGERY CENTER	50 %		50 %
4 NWPT SURGICAL PRTNS	SURGERY CENTER	24 06 %		25 %
5 NWPT BAY SURGERY CTR	SURGERY CENTER	7 84 %		41 17 %
6 SO CAL SURGERY CTR	HOLDING COMPANY	22 72 %		43 23 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

12

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **7**

Name and address	Type of Facility (describe)
1 MAIN ST SPECIALTY SURGERY CENTER 280 MAIN STREET 100 ORANGE, CA 92660	OUTPATIENT SURGERY CENTER
2 ORTHOPEDIC SURGERY CENTER OF OC 22 CORPORATE PLAZA DR SUITE 150 NEWPORT BEACH, CA 92660	OUTPATIENT ORTHOPEDIC SURGRY CENTER
3 IRVINE ENDOSCOPY PARTNERS LLC ONE HOAG DRIVE NEWPORT BEACH, CA 92663	OUTPATIENT SURGERY CENTER
4 CALIFORNIA SPECIALTY SURGERY CENTER 26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691	OUTPATIENT SURGERY CENTER
5 NEWPORT BEACH RADIOSURGERY 1605 AVOCADO AVENUE NEWPORT BEACH, CA 92660	OUTPATIENT SURGERY CENTER
6 NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660	IMAGING CENTER
7 IRVINE SURGICAL PARTNERS LLC ONE HOAG DRIVE NEWPORT BEACH, CA 92663	OUTPATIENT SURGERY CENTER
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES, INCLUDING BUT NOT LIMITED TO DISABILITY AND HOMELESSNESS ARE CONSIDERED WHEN DETERMINING ELIGIBILITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	HOAG MEMORIAL HOSPITAL PRESBYTERIAN PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7A-I	COST ACCOUNTING SYSTEM WAS USED TO DERIVE THE COST-TO-CHARGE RATIO OUR TOTAL COSTS (DIRECT AND INDIRECT) AND TOTAL CHARGES WERE \$160,816,069 AND \$114,273,121, RESPECTIVELY THIS RESULTED IN A COST-TO-CHARGE RATIO OF APPROXIMATELY 140.7% WHICH WAS USED TO CALCULATE CHARITY CARE AT COST (GROSS PATIENT CHARGES WRITTEN OFF ON THE P&L TIMES COST-TO-CHARGE RATIO) THE COST ACCOUNTING SYSTEM ADDRESSES INPATIENT, OUTPATIENT AND VARIOUS PAYOR TYPES FOR THE SECTIONS OF LINE 7 AS APPLICABLE, WORKSHEET 2 WAS NOT USED WHILE THE COST TO CHARGE RATIO WAS USED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	THE PROPORTIONATE SHARE OF THE ORGANIZATION'S JOINT VENTURE EXPENSES HAVE BEEN INCLUDED IN THE CALCULATION OF THE COMMUNITY BENEFIT EXPENSE PERCENTAGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	<p>FOOTNOTE FROM THE PROVIDENCE ST JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/2018 THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE ORGANIZATION DOES NOT TREAT THE SHORTFALL FROM MEDICARE AS A COMMUNITY BENEFIT MEDICARE COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PATIENT ACCOUNTS MANAGEMENT IS RESPONSIBLE FOR THE COLLECTION OF PATIENT ACCOUNTS AFTER DISCHARGE PROCEDURES ARE FOLLOWED IN ACCORDANCE WITH THE FAIR DEBT COLLECTION PRACTICES ACT ACCOUNTS UNPAID AFTER ONE HUNDRED FIFTY (150) DAYS MAY BE RECOMMENDED FOR ASSIGNMENT TO AN OUTSIDE COLLECTION AGENCY ALL APPROPRIATE EFFORTS TO COLLECT AND/OR RESOLVE THE BALANCES DUE WITH THE PATIENT, GUARANTOR OR THIRD PARTY PAYOR MUST BE EXHAUSTED PRIOR TO RECOMMENDATION TO COLLECTORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT IN FISCAL YEAR 2017 HMHP CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPED A RELATED IMPLEMENTATION STRATEGY WHICH WERE ADOPTED JUNE 2, 2017 AND SEPTEMBER 2017, RESPECTIVELY PRIORITIZED NEEDS FROM THIS CHNA WILL BE USED TO PLAN AND EVALUATE PROGRAMMING FOR 3 YEARS, CY18-CY20 A DESCRIPTION OF HOW THEY ARE BEING ADDRESSED WILL BE PROVIDED WITH THE SCHEDULE H EACH TAX YEARS HMHP'S 2013 AND 2016 CHNAS AND IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/ IN ADDITION TO THE COMMUNITY WIDE NEEDS ASSESSMENT CONDUCTED EVERY THREE YEARS, HOAG CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IN VARIOUS WAYS MANY OF THE COMMUNITY BENEFIT STAFF SERVE ON BOARD OF DIRECTORS AND COMMITTEES OF NONPROFIT ORGANIZATIONS WHICH ALLOWS THEM TO BE ACTIVELY ENGAGED WITH THE COMMUNITY AS WELL AND PROVIDE SUPPORT AND STRATEGIC DIRECTION CLIENTS THAT ACCESS SERVICES AT THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING ALSO COMPLETE A SCREENING TOOL WHICH ALLOWS US TO ASSESS FUTURE PROGRAMMING NEEDS FOR THE COMMUNITY THE DIRECTOR OF THE DEPARTMENT SERVES AS THE CHAIR OF THE ORANGE COUNTY MENTAL HEALTH BOARD WHICH ALLOWS CONTINUOUS ASSESSMENT OF MENTAL HEALTH NEEDS AND GAPS FOR THE COUNTY COMMUNITY BENEFIT STAFF ALSO HOLD A SEAT WITH THE ORANGE COUNTY HEALTH CARE AGENCYS HEALTH IMPROVEMENT PARTNERSHIP WHICH BRINGS TOGETHER VARIOUS HEALTH RELATED ORGANIZATIONS TO DISCUSS COMMUNITY NEEDS, PROGRAMMING, AND COLLABORATIVE OPPORTUNITIES HOAGS CENTER FOR HEALTHY LIVING ALSO HOSTS A MONTHLY PROFESSIONAL NETWORK RESOURCE EXCHANGE MEETING WHICH BRINGS TOGETHER COMMUNITY LEADERS FROM THE NONPROFIT SECTOR, LOCAL SCHOOL DISTRICTS, AND HEALTH RELATED SERVICES TO DISCUSS RECENT HEALTH TRENDS AND OPPORTUNITIES TO MEET THOSE NEEDS COMMUNITY BENEFIT STAFF ALSO INTERFACES WITH THE ASSOCIATION OF CALIFORNIA CITIES- ORANGE COUNTY WHICH ALLOWS HOAG TO BE ENGAGED WITH VARIOUS CITIES THE ORGANIZATION PROVIDES A COLLABORATIVE VOICE ON PUBLIC POLICY ISSUES IMPACTING THE COMMUNITY OUR ROBUST COMMUNITY BENEFIT GRANTS PROGRAM ALSO PROVIDES US WITH A LENS INTO COMMUNITY NEED AS WE INTERFACE WITH OVER 90 NONPROFIT ORGANIZATIONS WHO APPLY FOR PROGRAM FUNDING THE APPLICATION PROCESS FOR FUNDING PROVIDES US WITH A LEARNING OPPORTUNITY ABOUT THE ORGANIZATIONS MISSION AS WELL AS GAPS AND NEEDS THEIR COMMUNITY IS FACED WITH</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE HOAG PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE FAMILY INCOME LEVELS OF UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL (FPL) GUIDELINES HOAG GIVES CONSIDERATION TO ELIGIBLE PATIENTS WITH INSURANCE IF THEY INCUR HIGH MEDICAL COSTS AS DEFINED BY CALIFORNIA LAW, AND ALSO HAVE FAMILY INCOMES UP TO 400% OF THE FPL HOAG INFORMS AND EDUCATES PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE IN THE FOLLOWING WAYS - FINANCIAL ASSISTANCE NOTICES PRINTED IN ENGLISH AND SPANISH ARE ALSO PLACED IN THE PUBLIC ADMISSION AREAS AT HOAG HOSPITALS - STATEMENTS MAILED TO THE PATIENT INCLUDE A CLEAR AND CONSPICUOUS NOTICE ADVISING THE PATIENT OF HOAG FINANCIAL ASSISTANCE PROGRAM AND THE APPROPRIATE CONTACT INFORMATION - PATIENT CAN ALSO VISIT PATIENT FINANCIAL SERVICES TO MEET WITH A FINANCIAL COUNCILOR OR BY CONTACTING HOAG'S PATIENT FINANCIAL SERVICES CALL CENTER TO ANSWER ANY QUESTIONS REGARDING FINANCIAL ASSISTANCE OPTIONS - HMHP DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>COMMUNITY INFORMATION HOAG'S COMMUNITY, AS DEFINED FOR THE PURPOSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDED EACH OF THE 56 RESIDENTIAL ZIP CODES COMPRISING THE HOSPITAL'S SERVICE AREA THIS COMMUNITY DEFINITION WAS DETERMINED BECAUSE A MAJORITY OF HOAG'S PATIENTS ORIGINATE FROM THIS AREA THE POPULATION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED AT 1,987,696 PEOPLE THE AGE DISTRIBUTION OF OUR POPULATION IS SIMILAR TO THAT OF A NATION AS A WHOLE, BUT OUR AREA IS RACIALLY AND ETHNICALLY MUCH MORE DIVERSE, WITH NON-HISPANIC WHITE RESIDENTS COMPRISING ONLY A NARROW MAJORITY OF RESIDENTS THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA IS \$86,469 THIS IS HIGHER THAN THE MEDIAN INCOME FOR THE COUNTY, \$75,998, AND STATE, \$61,489 MEDIAN HOUSEHOLD INCOME HOAG SERVICE AREA \$86,469 ORANGE COUNTY \$75,998 CALIFORNIA \$61,489 SOURCE U S CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2010-2014, S1701 HTTP //FACTFINDER CENSUS GOV/ POVERTY POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY POPULATION STATISTICS THEY ARE UPDATED EACH YEAR BY THE CENSUS BUREAU FOR 2018, THE FEDERAL POVERTY LEVEL (FPL) FOR ONE PERSON WAS AN ANNUAL INCOME OF \$12,140 AND FOR A FAMILY OF FOUR WAS \$25,100 BELOW 100% POVERTY BELOW 200% POVERTY HOAG SERVICE AREA 12 5% 28 8% ORANGE COUNTY 12 8% 29 9% CALIFORNIA 16 4% 36 4% SOURCE U S CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2010-2014, S1701 HTTP //FACTFINDER CENSUS GOV/ FOR MORE DETAILS ON THIS INFORMATION, PLEASE REFER TO THE 2017 CHNA AT HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/ OTHER HOSPITALS IN THE AREA INCLUDE, BUT ARE NOT LIMITED TO - AHMC ANAHEIM REGIONAL MEDICAL CENTER - ANAHEIM - ANAHEIM GENERAL HOSPITAL (ANAHEIM, BUENA PARK) - CHAPMAN MEDICAL CENTER - ORANGE - CHILDREN'S HOSPITAL AT MISSION - MISSION VIEJO - CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANGE - FOUNTAIN VALLEY RGNL HOSP AND MED CTR - FOUNTAIN VALLEY - GARDEN GROVE HOSPITAL AND MEDICAL CENTER - GARDEN GROVE - HUNTINGTON BEACH HOSPITAL - HUNTINGTON BEACH - KAISER PERMANENTE (IRVINE, ANAHEIM) - KINDRED HOSPITAL (SANTA ANA, WESTMINSTER) - LA PALMA INTERCOMMUNITY HOSPITAL - LA PALMA - MISSION HOSPITAL LAGUNA BEACH - LAGUNA BEACH - MISSION HOSPITAL REGIONAL MEDICAL CENTER - MISSION VIEJO - ORANGE COAST MEMORIAL MEDICAL CENTER - FOUNTAIN VALLEY - SADDLEBACK MEMORIAL MEDICAL CENTER (LAGUNA HILLS/SAN CLEMENTE) - ST JOSEPH HOSPITAL - ORANGE - ORANGE - ST JUDE MEDICAL CENTER - FULLERTON - UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE - WESTERN MEDICAL CENTER - SANTA ANA</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH HOAG MEMORIAL HOSPITAL PRESBYTERIAN PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSERVED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE HOAG MEMORIAL HOSPITAL PRESBYTERIAN IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS</p> <ul style="list-style-type: none"> - COMMUNITY BENEFIT STAFF CONTINUOUSLY ASSESS THE HEALTH NEEDS OF THE COMMUNITY BY SERVING ON BOARD OF DIRECTORS AND COMMITTEES OF NON PROFIT ORGANIZATIONS WHICH ALLOWS THEM TO BE ACTIVELY ENGAGED WITH THE COMMUNITY AND PROVIDE SUPPORT AND STRATEGIC DIRECTION - HOAG HOSPITAL AND SHARE OURSELVES (SOS) CLINIC HAVE NURTURED A UNIQUE PARTNERSHIP SINCE 1984 TO PROVIDE HEALTH CARE TO THE LOW INCOME, UNINSURED, AND UNDERINSURED INDIVIDUALS RESIDING IN THE COMMUNITY THE SOS AND HOAG COLLABORATION INCLUDES MORE THAN 150 VOLUNTEER HEALTHCARE SPECIALISTS AVAILABLE TO PROVIDE CARE TO SOS PATIENTS BY PROVIDING DIAGNOSTIC TESTS, PROCEDURES, HOSPITALIZATIONS AND ER VISITS FOR SOS PATIENTS IN ADDITION, SOS HAS ACQUIRED A PEDIATRIC CLINIC FROM THE CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) AND IS CURRENTLY HOUSED AT HOAG'S CENTER FOR HEALTHY LIVING THIS CLINIC PRIMARILY SERVES THE LOW INCOME FAMILIES FROM THE COSTA MESA AND NEWPORT BEACH COMMUNITIES - HOAG HOSPITAL ALSO MAINTAINS A UNIQUE RELATIONSHIP WITH THE ALZHEIMER'S FAMILY RESOURCE CENTER (AFSC) WHICH IS COMMITTED TO THE MISSION OF IMPROVING THE QUALITY OF LIFE FOR FAMILIES CHALLENGED BY ALZHEIMER'S DISEASE OR ANOTHER DEMENTIA THROUGH SERVICES TAILORED TO MEET INDIVIDUAL NEEDS HOAG HOSPITAL OWNS THE AFSC FACILITY AND PROVIDES IT AT NO CHARGE, INCLUDING MAINTENANCE SERVICES AS SPECIFIED IN THE LEASE, TO THE AGENCY ADDITIONALLY, THE HOSPITAL PROVIDES ANNUAL OPERATING AND TRANSPORTATION GRANTS - DURING CY 2018, THE PROGRAM EMPLOYED SIX FULL-TIME, ONE PART TIME AND TWO PER DIEM BILINGUAL MASTER'S PREPARED SOCIAL WORKERS, 5 OF THE STAFF ARE LICENSED THESE SOCIAL WORKERS PROVIDE D MENTAL HEALTH SERVICES TO 710 CLIENTS IN THE FORM OF PSYCHOTHERAPY RESOURCE BROKERING, AND/OR CASE MANAGEMENT WAS PROVIDED TO 205 INDIVIDUALS IN ADDITION, THE PROGRAM OFFERED PSYCHOTHERAPEUTIC, PSYCHO EDUCATIONAL GROUPS AND COMMUNITY PRESENTATIONS WHICH RESULTED IN 1,862 ENCOUNTERS - THROUGH THE HOAG HEALTH MINISTRIES PROGRAM, THE FAITH COMMUNITY NURSES (FCN'S) ADMINISTERED 8,900 FLU VACCINE DOSES TO FAITH MEMBERS AND OTHER COMMUNITY MEMBERS TRAINED 293 PERSONS IN LIFE-SAVING CPR & AUTOMATED EXTERNAL DEFIBRILLATOR USAGE PROVIDED 4 FOUNDATIONS OF FAITH COMMUNITY NURSING COURSES, TRAINED AND COMMISSIONED 32 FCNS IN THE 36 HOUR COURSE AT HOAG, TRINITY PRESBYTERIAN CHURCH SANTA ANA, ST MARY'S HOSPITAL APPLE VALLEY, ST JOSEPH'S HOSPITAL BURBANK - HOAG HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY THROUGH A CREDENTIALING PROCESS MEMBERSHIP AND PRIVILEGES ARE GRANTED TO QUALIFIED MD'S, DO'S, AND OTHER ALLIED HEALTH PROFESSIONALS BY THE MEDICAL STAFF AND HOAG HOSPITAL BOARD OF DIRECTORS - AS A NOT-FOR-PROFIT INSTITUTION, GOVERNANCE IS PROVIDED BY A VOLUNTEER BOARD OF DIRECTORS COMPRISED OF 15 VOTING MEMBERS A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS - THE BOARD OF DIRECTORS ALLOCATE A SIGNIFICANT PORTION OF THE NET OPERATING INCOME TO PROMOTING THE HEALTH OF THE COMMUNITY, SPECIFICALLY SERVING THE NEEDS OF THE UNINSURED AND LOW INCOME COMMUNITIES THROUGH CHARITY CARE AND A VARIETY OF FREE OR LOW COST SERVICES AND PROGRAMS PROVIDED BY THE DEPARTMENT OF COMMUNITY HEALTH - IN AN EFFORT TO INCREASE THE COMMUNITY POOL OF AVAILABLE TRAINED AND EDUCATED HEALTH PROFESSIONALS, HOAG INVESTS ANNUALLY IN HEALTH PROFESSIONAL TRAINING AND DEVELOPMENT THE HOSPITAL CURRENTLY WORKS WITH A NUMBER OF PROFESSIONAL GROUPS IN THIS ENDEAVOR, INCLUDING NURSES, PHYSICAL THERAPISTS, PHARMACISTS, LABORATORY PROFESSIONALS, SOCIAL WORKERS, AND CLINICAL CARE EXTENDERS - HOAG PROVIDES UNCOMPENSATED CARE (CHARITY) TO PATIENTS WHO ARE UNABLE TO PAY FOR THE FULL COST OF THEIR CARE HOAG'S CHARITY CARE AND SELF-PAY DISCOUNT POLICY STATES THAT SELF-PAY AND UNINSURED PATIENTS WHO ARE UNABLE TO PAY FOR THE FULL COST OF THEIR CARE MAY QUALIFY FOR CHARITY OR DISCOUNTS ON A SLIDING SCALE FOR INCOMES UP TO 400% OF THE FEDERAL POVERTY LEVEL TOTAL QUANTIFIABLE COMMUNITY BENEFIT EXPENDITURES (EXCLUDING MEDICARE COST OF UNREIMBURSED CARE) FOR CY2018 AMOUNTED TO OVER \$63 MILLION THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING HAS PROVIDED SPACE TO LIKE-MINDED COMMUNITY AGENCIES, WHO SEEK TO IMPROVE THE QUALITY OF LIVES OF THOSE IN THE COMMUNITY A KEY COMPONENT WHICH MAKES THE COLLABORATIVE UNIQUE AND IS ESSENTIALLY THE GLUE BETWEEN THE COMMUNITY AND THE CENTER, IS OUR CENTRALIZED REGISTRATION AND CASE MANAGEMENT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>T TEAM THIS TEAM ASSURES THAT ALL CLIENT'S COMING INTO THE CENTER FILL OUT A SCREENER WHICH SEEKS TO IDENTIFY, SOCIO-ECONOMIC STRESSORS, POTENTIAL HEALTH RISKS, MENTAL AND EMOTIONAL HEALTH ISSUES, LEGAL ISSUES, ACCESS TO HEALTH CARE, AND OTHER LIFE STRESSORS THAT CAN AFFECT ONE'S QUALITY OF LIFE. OUR CASE-MANAGEMENT TEAM PLAYS A CRITICAL ROLE IN LINKING CLIENTS TO THE APPROPRIATE SERVICES, WHILE ALSO MONITORING CLIENT'S PROGRESSION THROUGH THE REFERRAL PROCESS. THIS MODEL FOR SERVICE DELIVERY HELPS BRIDGE GAPS BETWEEN COMMUNITY, CLIENTS AND AGENCIES, WHILE ALSO LEVERAGING RESOURCES AND THE FOSTERING COLLABORATION BETWEEN ORGANIZATIONS. THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING'S CO-LOCATION OF RESOURCES HAS CREATED A COHESIVE, ONE-STOP, WELCOMING ENVIRONMENT WHERE COMMUNITY MEMBERS CAN FIND A BREADTH OF SERVICES AND SUPPORT. THIS YEAR THIS COLLABORATIVE WAS ABLE TO PROVIDE THE FOLLOWING SERVICES TO INDIVIDUALS AND FAMILIES: LIFE SKILLS AND YOUTH SUPPORT SERVICES - 205 PEOPLE WERE CPR CERTIFIED. THIS HELPED FOR JOB SECURITY AND PLACEMENT FOR SEVERAL NANNIES, CHILD CARE WORKERS, AND PRESCHOOL TEACHERS. - 331 ADULTS PARTICIPATED IN CIELO'S ENTREPRENEURSHIP/JOB READINESS CLASSES. - 2,699 ENCOUNTERS FOR GIRLS INC'S AFTER SCHOOL HOMEWORK LAB AND STEM ACTIVITIES (BOYS AND GIRLS) HEALTH DRIVEN CLASSES FOCUSING ON IMPROVED HEALTH AND DECREASE IN OBESITY. - 8,275 ENCOUNTERS FOR YOGA AND ZUMBA CLASSES. - 297 ENCOUNTERS FOR CHILDREN PARTICIPATED IN BALLET CLASSES. - 1,564 ENCOUNTERS FOR CHILDREN PARTICIPATED IN A MIGITOS/ZUMBINI EDUCATION AND SUPPORT TO INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESSES. - 1,763 PEOPLE PARTICIPATED IN A NAMI CLASS/SUPPORT GROUP. - 8,194 INDIVIDUALS WERE EITHER VISITED AT HOME OR MET WITH A PROMOTORA ON-SITE TO DISCUSS MENTAL HEALTH SERVICES, STARTING IN SEPTEMBER OF 2018. LEGAL AID AND REPRESENTATION - 326 PEOPLE HAVE RECEIVED LEGAL CONSULTATION OR REPRESENTATION FROM THE PUBLIC LAW CENTER (LAWYER STARTED 20 HOURS A WEEK ON-SITE SINCE MAY). FREE LEGAL REPRESENTATION IS KEY BECAUSE THIS IS THE SERVICE THAT IS IN HIGHEST DEMAND AND IS LEAST AVAILABLE IN THE COMMUNITY. WE ARE FOCUSING ON FAMILY LAW - DIVORCE, DV, CHILD CUSTODY ETC. IN CY 2018, THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING HOSTED A NUMBER OF EVENTS THAT INCLUDED THE ANNUAL HEALTH FAIR, FAMILY HEALTH DAY. THE HEALTH FAIR WAS ATTENDED BY 557 INDIVIDUALS THAT INCLUDED ADULTS AND CHILDREN. ATTENDEES PARTICIPATED AND RECEIVED VARIOUS SERVICES INCLUDING MENTAL HEALTH RESOURCES, FLU SHOTS, DENTAL CLEANING, BLOOD PRESSURE, AND DIABETES SCREENING. THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING FOSTERS A COMMUNITY COLLABORATION, NOT ONLY WITH ITS NON-PROFIT PARTNERS ON-SITE, BUT ALSO WITH OUTSIDE AGENCIES. THROUGH THE CENTER'S PROFESSIONAL NETWORK RESOURCE EXCHANGE MONTHLY MEETINGS, 310 INDIVIDUALS REPRESENTED THEIR AGENCIES AND NETWORKED WITH OTHER NONPROFIT ORGANIZATIONS IN THE COUNTY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 95-1643327
Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	HOAG MEMORIAL HOSPITAL PRESBYTERIAN ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 WWW.HOAG.ORG C0194920	X	X			X		X			A
2	HOAG ORTHOPEDIC INSTITUTE 16520 SAND CANYON AVENUE NEWPORT BEACH, CA 92658 WWW.HOAGORTHOPEDICINSTITUTE.COM 200835010044	X								ORTHOPEDIC HOSPITAL	A

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	<p>THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, SECTION B, LINE 5 I NPUT FROM COMMUNITY REPRESENTATIVES TARGETED INTERVIEWS AND FOCUS GROUPS WERE USED TO GATH ER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNIT Y SERVED BY HOAG MEMORIAL HOSPITAL PRESBYTERIAN INTERVIEWS THIRTY-ONE (31) INTERVIEWS WER E COMPLETED IN DECEMBER 2016 AND JANUARY 2017 FOR THE INTERVIEWS, COMMUNITY STAKEHOLDERS IDENTIFIED BY HOAG HOSPITAL WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESMEN T INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDE RSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGE NCIES THAT HAVE CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMM UNIT Y SERVED BY THE HOSPITAL FACILITY INPUT WAS OBTAINED FROM ORANGE COUNTY HEALTH CARE A GENCY PUBLIC HEALTH OFFICIALS AT THE BEGINNING OF EACH INTERVIEW, THE PURPOSE OF THE INTE RVIEW IN THE CONTEXT OF THE ASSESSMENT WAS EXPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CONSENT TO PROCEED WAS GIVEN FOCUS GROUPS THREE FOCUS GROUPS WERE CONDUCTED IN JANUARY AND FEBRUARY 2017 THAT ENGAGED 50 PERSONS THE FOCU S GROUP MEETINGS WERE HOSTED BY TRUSTED COMMUNITY ORGANIZATIONS AN AGENCY CONTACT WAS AVA ILABLE TO ANSWER ANY QUESTIONS AT EACH FOCUS GROUP AT THE BEGINNING OF EACH FOCUS GROUP, THE PURPOSE OF THE FOCUS GROUP AND THE COMMUNITY ASSESSMENT WERE EXPLAINED, THE PARTICIPAN TS WERE ASSURED THEIR RESPONSES WOULD NOT BE ATTRIBUTED TO THEM AS RESPONSES WOULD BE AGGR EGATED THE FOCUS GROUP DISCUSSIONS WERE VOICE RECORDED FOR EASE OF DOCUMENTING THE DISCUS SION BEFORE BEGINNING THE DISCUSSION, THE FACILITATOR ASKED FOR ORAL CONSENT FROM EACH OF THE PARTICIPANTS THAT THEY WISHED TO PARTICIPATE IN THE FOCUS GROUP AND AGREED TO BE VOIC E RECORDED INITIALLY, SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH A REVIEW OF THE SE CONDARY HEALTH DATA COLLECTED AND ANALYZED PRIOR TO THE INTERVIEWS AND FOCUS GROUPS THESE DATA WERE THEN USED TO HELP GUIDE THE INTERVIEWS AND FOCUS GROUPS THE NEEDS ASSESSMENT I NTERVIEWS AND FOCUS GROUPS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMA TION AND BUILD ON THE SECONDARY DATA REVIEW DURING THE DATA COLLECTION, PARTICIPANTS WERE ASKED TO IDENTIFY THE MAJOR HEALTH ISSUES IN THE COMMUNITY, AND SOCIOECONOMIC, BEHAVIORAL , ENVIRONMENTAL OR CLINICAL FACTORS CONTRIBUTING TO POOR HEALTH THEY WERE ASKED TO SHARE THEIR PERSPECTIVES ON THE ISSUES, CHALLENGES AND BARRIERS RELATIVE TO THE SIGNIFICANT HEAL TH NEEDS, AND IDENTIFY POTENTIAL RESOURCES TO ADDRESS THESE HEALTH NEEDS, SUCH AS SERVICES , PROGRAMS AND/OR COMMUNITY EFFORTS THE INTERVIEWS AND FOCUS GROUPS FOCUSED ON THESE SIGN IFICANT HEALTH NEEDS - ACCESS TO HEALTH CARE - ASTHMA - CANCER - CARDIOVASCULAR DISEASE - MENTAL HEALTH - OVERWEIGHT AN</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	D OBESITY - PREVENTIVE PRACTICES - SUBSTANCE ABUSE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	HOAG MEMORIAL HOSPITAL PRESBYTERIAN AND HOAG ORTHOPEDIC INSTITUTE CONDUCTED A COMBINED CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	FACILITY 1 HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/ FACILITY 2 HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	FACILITY 1 HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/ FACILITY 2 HTTPS //WWW HOAG ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS/

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>ON MAY 27, 2015, A TOTAL OF 37 COMMUNITY STAKEHOLDERS MET TO EVALUATE, DISCUSS AND PRIORIT IZE HEALTH ISSUES FOR THE COMMUNITY, BASED ON FINDINGS OF THE 2015 PRC COMMUNITY HEALTH NE EDS ASSESSMENT (CHNA) THIS GROUP INCLUDED BOTH HEALTH PROVIDERS AND REPRESENTATIVES OF VA RIOUS COMMUNITY ORGANIZATIONS PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) BEGAN THE MEE TING WITH A PRESENTATION OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALT H ISSUES IDENTIFIED FROM THE RESEARCH FOLLOWING THE DATA REVIEW, PRC ANSWERED ANY QUESTIO NS AND FACILITATED A GROUP DIALOGUE, ALLOWING PARTICIPANTS TO ADVOCATE FOR ANY OF THE HEAL TH ISSUES DISCUSSED PARTICIPANTS WERE THEN PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXE RCISE THAT FOLLOWED IN ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS (I E , ARE AS OF OPPORTUNITY), A WIRELESS AUDIENCE RESPONSE SYSTEM WAS USED IN WHICH EACH PARTICIPANT WAS ABLE TO REGISTER HIS/HER RATINGS USING A SMALL REMOTE KEYPAD THE PARTICIPANTS WERE A SKED TO EVALUATE EACH HEALTH ISSUE ALONG TWO CRITERIA - SCOPE & SEVERITY - THE FIRST RATI NG WAS TO GAUGE THE MAGNITUDE OF THE PROBLEM IN CONSIDERATION OF THE FOLLOWING HOW MANY P EOPEL ARE AFFECTED? HOW DOES THE LOCAL COMMUNITY DATA COMPARE TO STATE OR NATIONAL LEVELS, OR HEALTHY PEOPLE 2020 TARGETS? TO WHAT DEGREE DOES EACH HEALTH ISSUE LEAD TO DEATH OR DI SABILITY, IMPAIR QUALITY OF LIFE, OR IMPACT OTHER HEALTH ISSUES? RATINGS WERE ENTERED ON A SCALE OF 1 (NOT VERY PREVALENT AT ALL, WITH ONLY MINIMAL HEALTH CONSEQUENCES) TO 10 (EXTR EMELY PREVALENT, WITH VERY SERIOUS HEALTH CONSEQUENCES) - ABILITY TO IMPACT - A SECOND RA TING WAS DESIGNED TO MEASURE THE PERCEIVED LIKELIHOOD OF THE HOSPITAL HAVING A POSITIVE IM PACT ON EACH HEALTH ISSUE, GIVEN AVAILABLE RESOURCES, COMPETENCIES, SPHERES OF INFLUENCE, ETC RATINGS WERE ENTERED ON A SCALE OF 1 (NO ABILITY TO IMPACT) TO 10 (GREAT ABILITY TO I MPACT) INDIVIDUALS' RATINGS FOR EACH CRITERIA WERE AVERAGED FOR EACH TESTED HEALTH ISSUE, AND THEN THESE COMPOSITE CRITERIA SCORES WERE AVERAGED TO PRODUCE AN OVERALL SCORE THIS PROCESS YIELDED THE FOLLOWING PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS</p> <p>1 MENTAL HEALTH 2 DIABETES 3 NUTRITION, PHYSICAL ACTIVITY & WEIGHT 4 HEART DISEASE & STROKE 5 ACCESS TO HEALTHCARE SERVICES 6 DEMENTIAS, INCLUDING ALZHEIMER'S DISEASE 7 CANCER 8 SUBSTANCE ABUSE 9 IMMUNIZATION & INFECTIOUS DISEASES 10 TOBACCO WHILE THE HOSPITALS WILL LIKELY NO T IMPLEMENT STRATEGIES FOR ALL OF THESE HEALTH ISSUES, THE RESULTS OF THIS PRIORITIZATION EXERCISE WILL BE USED TO INFORM THE DEVELOPMENT OF THE HOSPITALS' IMPLEMENTATION STRATEGIE S TO ADDRESS THE TOP HEALTH NEEDS OF THE COMMUNITY IN THE COMING YEARS THIS PROCESS YIELD ED THE FOLLOWING PRIORITIES FOR HOAG MEMORIAL HOSPITAL PRESBYTERIAN TO ADDRESS IN IMPROVIN G THE HEALTH OF THE COMMUNITY</p> <p>1 ACCESS TO CARE FOR VULNERABLE POPULATIONS 2 CHRONIC DIS EASE MANAGEMENT 3 MENTAL HEALTH 4 PREVENTATIVE HEALTH IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT E</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	MERGED FROM THE CHNA PROCESS, HOAG MEMORIAL HOSPITAL PRESBYTERIAN DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE HEALTH PRIORITIES NOT CHOSEN FOR ACTION SUBSTANCE AB USE SUBSTANCE ABUSE TREATMENT FOR THE VULNERABLE POPULATION IS CURRENTLY BEING ADDRESSED ON A LIMITED SCALE BY THE CHEMICAL DEPENDENCY PROGRAM AT HOAG HOAGS ASPIRE PROGRAM INCLUDES ADOLESCENCE AND THIS INTENSIVE OUTPATIENT PROGRAM PROVIDES PSYCHOTHERAPY, PSYCHIATRY, AND SOCIALIZATION FOR CLIENTS WITH A HIGHER MENTAL HEALTH DISORDER ACUITY CY18 CHNA PRIORITY AREAS ACCOMPLISHMENTS/OUTCOMES ACCESS TO CARE FOR VULNERABLE POPULATIONS - PROVIDED \$2,113,957 IN FUNDING AND/OR IN-KIND SUPPORT TO PRIMARY CARE CLINICS THAT SERVE PEDIATRICS THROUGH SENIORS (CHOC/SOS) - PROVIDED \$2,594,400 IN FUNDING FOR COMMUNITY NON-PROFIT ORGANIZATIONS THAT REDUCES BARRIERS TO ACCESSING CARE - PROVIDED \$540,613 IN FUNDING AND/OR IN-KIND SUPPORT FOR WOMEN'S HEALTH SPECIALTY SERVICES CHRONIC DISEASE MANAGEMENT - PROVIDED \$722,930 IN FUNDING AND/OR IN-KIND SUPPORT FOR CHRONIC DISEASE MANAGEMENT EDUCATION AND SUPPORT GROUPS THROUGH COMMUNITY EDUCATION CLASSES - PROVIDED \$789,344 IN FUNDING AND/OR IN-KIND SUPPORT TO CHOC FOUNDATION IN SUPPORT OF HOAG'S PEDIATRIC SERVICES AT THE ALLEN DIA BETES CENTER MENTAL HEALTH - DURING CY 2018, THE PROGRAM EMPLOYED SIX FULL-TIME, ONE PART TIME AND TWO PER DIEM BILINGUAL MASTER'S PREPARED SOCIAL WORKERS, 5 OF THE STAFF ARE LICENSED - THESE SOCIAL WORKERS PROVIDED MENTAL HEALTH SERVICES TO 710 CLIENTS IN THE FORM OF PSYCHOTHERAPY RESOURCE BROKERING, AND/OR CASE MANAGEMENT WAS PROVIDED TO 205 INDIVIDUALS - THE PROGRAM OFFERED PSYCHOTHERAPEUTIC, PSYCHO EDUCATIONAL GROUPS AND COMMUNITY PRESENTATIONS WHICH RESULTED IN 1,862 ENCOUNTERS - IN ADDITION TO DIRECT MENTAL HEALTH SERVICES TO THE COMMUNITY WE ALSO PROVIDED PROFESSIONAL DEVELOPMENT TRAININGS TO MENTAL HEALTH PROFESSIONALS FOR FREE - A SAMPLING OF THE TRAININGS OFFERED INCLUDED ASSIST FOR SUICIDE ASSESSMENT AND INTERVENTION, DIALECTICAL BEHAVIOR THERAPY TRAINING, CRITICAL INCIDENT STRESS MANAGEMENT TRAINING, NAMI PROVIDER TRAINING AND LAW AND ETHICS THE NUMBER OF PROFESSIONALS TRAINED FOR CY 2018 WAS 1,168 PREVENTIVE HEALTH DURING CY 2018, HEALTH MINISTRIES - WELCOMED 4 NEW CHURCHES INTO THE HOAG PROGRAM - 10 DENOMINATIONS INCLUDED AMONGST THE 46 FAITH BASED PARTNERSHIPS, LOCATED WITHIN A 300 SQUARE MILE AREA THROUGHOUT ORANGE COUNTY - DONATED COUNTLESS VOLUNTEER HOURS AT THE LOCAL, NATIONAL AND INTERNATIONAL LEVEL - TOUCHED THE LIVES OF MORE THAN 50,000 CONGREGANTS - THROUGH INDIVIDUAL CASE MANAGEMENT & SUPPORT GROUP SERVICES - CLINICAL SERVICES - FLU VACCINES, BP SCREENINGS, BLOOD DRIVES - COMMUNITY HEALTH EDUCATION PROGRAMS, INCLUDING WHOLE PERSON CARE, END OF LIFE INITIATIVES IN COLLABORATION WITH THE OC DIOCESE - OTHER SERVICES INCLUDED HOME/HOSPITAL VISITS, PROGRAM PLANNING & VOLUNTEER COORDINATION

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>- ADMINISTERED 8,900 FLU VACCINE DOSES TO FAITH MEMBERS AND THE COMMUNITY - SERVED 222 CONGREGANTS WITH SPIRITUALLY BASED AGING AND DEMENTIA CARE HEALTH EDUCATION CLASSES - TRAINED 293 PERSONS IN LIFE-SAVING CPR & AUTOMATED EXTERNAL DEFIBRILLATOR USAGE - OVER 260 UNITS OF LIFE SAVING BLOOD COLLECTED THROUGH HOAG BLOOD MOBILE SERVICES - PROVIDED 4 FOUNDATIONS OF FAITH COMMUNITY NURSING COURSES, TRAINED AND COMMISSIONED 32 FCNS IN THE 36 HOUR COURSE AT HOAG, TRINITY PRESBYTERIAN CHURCH SANTA ANA, ST MARY'S HOSPITAL APPLE VALLEY, ST JOSEPH'S HOSPITAL BURBANK - DEVELOPED THE ANNUAL SPIRITUALITY CONFERENCE UNITY, HEALTH AND HOPE, ATTENDED BY 200 HEALTH CARE PROFESSIONALS, RELIGIOUS LEADERS AND CAREGIVERS - PROVIDED A FIRST TIME NURSES RETREAT IN HONOR OF NURSES WEEK AND THE SERVICE PROVIDED BY THE HOAG HEALTH MINISTRIES PARTNER FCNS, FOCUSING ON SELF-CARE - HOSTED THE FCN SUMMIT MEETING IN COLLABORATION WITH ST MARY'S HOSPITAL APPLE VALLEY AND PROVIDENCE ST JOSEPH INSTITUTE FOR HUMAN CARING, FOCUSING ON END OF LIFE DISCUSSIONS, DRAWING 119 RN PARTICIPANTS FROM SOUTHERN CA - DEVELOPED A NURSE HEALTH & WELLNESS COACHING INITIATIVE, 1 RN COMPLETED NATIONAL CERTIFICATION AS A NURSE COACH - DEPLOYED NURSEDOT, A DOCUMENTATION SYSTEM REQUIRED BY FCNS - CB GRANTS PROGRAM PROVIDED \$1,442,500 IN FUNDING AND/OR IN-KIND SUPPORT TO PREVENTIVE HEALTH ACTIVITIES INCLUDING BUT NOT LIMITED TO OBESITY PREVENTION, NUTRITION EDUCATION, AND PHYSICAL ACTIVITY PROGRAMS PROJECT WIPEOUT PROVIDED THE FOLLOWING IN CY18 PROGRAM HIGHLIGHTS FROM CY18 LIFEGUARD SYMPOSIUM PROJECT WIPEOUT HOSTED THE ANNUAL LIFEGUARD EDUCATION SYMPOSIUM, WITH OVER 315 ATTENDEES, WHICH INCLUDED LIFEGUARDS AND FIRE PERSONNEL FROM ALL OVER ORANGE COUNTY - CY 2018 MARKED THE ESTABLISHMENT OF LIVE STREAMING THE CONFERENCE TO DIFFERENT SITES - SEAL BEACH AND SAN CLEMENTE - AN ADDITIONAL 70 LIFEGUARDS AND LIFE-SAVING PERSONNEL VIEWED THE LIVE STREAM AT THE TWO LIVE STREAM LOCATIONS - THE CONFERENCE CONTINUES TO GROW EACH YEAR, AND SERVES AS AN OPPORTUNITY FOR LIFEGUARDS AND OTHER FIRST RESPONDER SERVICE PROVIDERS TO RECEIVE EDUCATION ON CURRENT BEACH AND WATER SAFETY INFORMATION, THAT CAN BE INTEGRATED INTO THEIR TRAINING AND SAFETY RESPONSES - ADDITIONALLY, THE CONFERENCE INTENDS TO ADDRESS HEALTH AND WELLNESS TOPICS PERTINENT TO BEACH EXPOSURES FOR PERSONNEL WORKING AND RESPONDING ON THE BEACH, AS WELL AS PROFESSIONAL DEVELOPMENT IN THE FIELD - BEACH SAFETY CURRICULUM IN CY 2018, THE BEACH SAFETY PRESENTATION AND CURRICULUM DEVELOPED TO PRESENT TO SCHOOLS WAS FINALIZED - THE PRESENTATION WAS COMPLETED THROUGH COLLABORATIVE CONTENT DEVELOPMENT BY THE PROJECT WIPEOUT ADVISORY COMMITTEE, WHICH INCLUDED EXPERT CONTENT ANALYSIS AND NEW VIDEOS AND PICTURES - THE BEACH SAFETY PRESENTATION INCLUDES A PRE-TEST, WORKSHEET, AND A POST-TEST TO HELP EVALUATE CHANGES IN KNOWLEDGE - IN CY 2018, THE PRESENTATION WAS PILOTTED IN THE CITY OF SAN CLEMENTE, CRYSTAL COVE STATE PARKS, AND HUNTINGTON STATE AND SEAL BEACH JUNIOR</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	HOAG PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE FAMILY INCOME LEVELS OF UP TO 400% THE FEDERAL POVERTY LEVEL (FPL) GUIDELINES HOAG GIVES CONSIDERATION TO ELIGIBLE PATIENTS WITH INSURANCE IF THEY INCUR HIGH MEDICAL COSTS AS DEFINED BY CALIFORNIA LAW, AND ALSO HAVE FAMILY INCOMES UP TO 400% OF THE FPL HMHP AND HOI'S POLICY ALSO PROVIDES FOR DISCRETIONARY DETERMINATION OF CHARITY CARE TAKING INTO CONSIDERATION INDIVIDUAL FACTS AND CIRCUMSTANCES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE BY COMPLETING A FINANCIAL ASSISTANCE PROGRAM (FAP) APPLICATION APPLICATIONS CAN BE FOUND ON THE HOAG ORG WEBSITE, VIA FINANCIAL COUNSELORS, BY MAIL, AND BY CONTACTING HOAG'S PATIENT FINANCIAL SERVICES CALL CENTER AT (949) 764-8400 FOR HOAG AND 949-764-8404 FOR HOI

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	FACILITY 1 HTTPS //WWW HOAG ORG/PATIENTS-VISITORS/BILLING-INFORMATION/FINANCIAL-ASSIS TANCE-CHARITY-CARE/ FACILITY 2 HTTPS //WWW HOAGORTHOPEDICINSTITUTE COM/FOR-PATIENTS/AFTER-YOUR-VISIT/FINA NCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	FINANCIAL ASSISTANCE APPLICATION FACILITY 1 HTTPS //WWW HOAG ORG/PATIENTS-VISITORS/BILLING- INFORMATION/FINANCIAL-ASSIS TANCE-CHARITY-CARE/ FACILITY 2 HTTPS //WWW HOAGORTHOPEDICINSTITUTE COM/FOR-PATIENTS/AFTER-YOUR-VISIT/FINA NCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	PLAIN LANGUAGE SUMMARY FACILITY 1 HTTPS //WWW HOAG ORG/PATIENTS-VISITORS/BILLING- INFORMATION/FINANCIAL-ASSIS TANCE-CHARITY-CARE/ FACILITY 2 HTTPS //WWW HOAGORTHOPEDICINSTITUTE COM/FOR-PATIENTS/AFTER-YOUR-VISIT/FINA NCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16H	HMHP IS UPDATING ITS FINANCIAL ASSISTANCE POLICY AND IS IN THE PROCESS OF PUTTING THE PROCEDURES IN PLACE TO NOTIFY MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE ABOUT AVAILABILITY OF THE FAP SCHEDULE H, PART V, SECTION B, LINE 16J THE POLICY IS COMMUNICATED VIA OUR WEBSITE, ON THE BACK OF THE PATIENT STATEMENTS, IN THE LOBBY OF EACH FACILITY, AND VIA OUR FINANCIAL COUNSELORS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

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

2018

Open to Public
Inspection

Employer identification number
95-1643327

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATIONS PROCEDURES FOR MONITORING THE USE OF GRANTS IN ORDER TO BE ELIGIBLE FOR A COMMUNITY BENEFIT GRANT, AN APPLICANT ORGANIZATION (OR FISCAL AGENT) MUST BE DESIGNATED BY THE IRS AS A TAX EXEMPT NON-PROFIT AND SUBMIT A COPY OF THEIR EXEMPT STATUS FOR VERIFICATION THE ORGANIZATION MUST HAVE AN EXECUTIVE DIRECTOR AND AN ESTABLISHED BOARD OF DIRECTORS THAT MEETS REGULARLY PRIOR TO FUNDING, RESEARCH IS CONDUCTED REGARDING THE REPUTATION AND PERFORMANCE OF THE ORGANIZATION APPLICANTS MUST APPLY FOR A GRANT EACH YEAR THROUGH THE COMMUNITY BENEFIT GRANTS PROGRAM REQUESTS MUST INCLUDE W-9, TAX EXEMPT VERIFICATION, PREVIOUS AND CURRENT YEAR BUDGETS, PROJECT BUDGETS, LIST OF BOARD OF DIRECTORS, PROGRAM GOALS AND OBJECTIVES, AND MEASURABLE OUTCOMES FOR THE SPECIFIED PROGRAM THAT IS BEING FUNDED AN INTERVIEW WITH THE EXECUTIVE DIRECTOR AND ONE OR MORE BOARD MEMBERS MAY BE CONDUCTED AS WELL AS A SITE VISIT IN ORDER TO FAMILIARIZE OURSELVES WITH THE ORGANIZATION AND THE PROGRAMS OFFERED DEPARTMENT STAFF MAY ACTIVELY PARTICIPATE WITH THE ORGANIZATION BY PROVIDING IN-KIND SERVICES AND BOARD PARTICIPATION ONCE A GRANT REQUEST HAS BEEN APPROVED AND FUNDED, WE REQUIRE A 6-MONTH PROGRESS REPORT AND A FINAL 12 MONTH REPORT ON THE IMPLEMENTATION STRATEGY AND MEASURABLE OUTCOMES THROUGHOUT THE FUNDING PERIOD OF A SPECIFIED PROGRAM, THERE MAY BE OCCASIONAL MEETINGS WITH THE DIRECTOR AND PROGRAM PERSONNEL TO RECEIVE REPORTS ON PROGRESS AND UPDATES OF THE ACTIVITIES CONDUCTED AS WELL AS THE NUMBER OF INDIVIDUALS SERVED THIS PROCESS ALLOWS US TO MONITOR THAT THE GRANT FUNDS ARE BEING USED FOR THE INTENDED PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 95-1643327
Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF INTERNATIONAL DANCE 2025 SOUTH MAIN ST SANTA ANA, CA 92707	26-2657759	501(c)(3)	20,500				HEALTHY LIFE STYLES ACCESS TO HEALTH COVERAGE AND MENTAL HEALTH SERVIC SENIOR TRANSPORTATION, OPERATIONS OF PROGRAMS, MOB HIV CASE MANAGEMENT PROGRAM OPERATIONS AND COMMUNITY EDUCATION & OUTREACH PROG ON TRACK THROUGH FITNESS & NUTRITION HOME FIRE PREVENTION CAMPAIGN HIGH SCHOOL BIGS SCHOOL-BASED MENTORING PROGRAM IMPACT MODEL TRIPLE PLAY PROGRAM SUPPORT EMERGENCY MATERNITY SHELTER PROGRAM SUPPORT PEDIATRIC DIABETES SERVICES BREATHMOBILE, MENTAL HEALTH IMPACTS OF EPILEPSY TRASPORTATION PROGRAM HB HOME DELIVERED MEALS, PSS HOMELESS PREVENTION, MENTAL HEALTH OUTREACH PROGRAM SUPPORT COMMUNITY HEALTHCARE ACCESS SENIOR NUTRITION PROGRAMS YOUTH SHELTER FRIENDLY VISITOR PROGRAM PROGRAM SUPPORT BOWEL DISEASE EDUCATION PROGRAM IMPROVING EPILEPSY CONTROL AND QUALITY OF LIFE COMMUNITY CARES PROGRAM, COUNSELING PROGRAM LGBTQ MENTAL HEALTH SERVICES PROGRAM SUPPORT DENTAL SEDATION CARE FOR UNDERSERVED CHILDREN BILINGUAL MENTAL HEALTH FOR VICTIMS OF DOMESTIC VI CHRONIC DISEASE MANAGEMENT, A1C TESTS
ACCESS CALIFORNIA SERVICES 631 SOUTH BROOKHURST ST ANAHEIM, CA 92804	33-0826205	501(c)(3)	80,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGE WELL SENIOR SERVICES (S COUNTY SR SVC) 24300 EL TORO RD LAGUNA WOODS, CA 92637	93-1163563	501(c)(3)	150,000				
AIDS SERVICE FOUNDATION 17982 SKY PARK CIRCLE J IRVINE, CA 92614	33-0126481	501(c)(3)	40,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUTGTN BEACH, CA 92646	95-3463978	501(c)(3)	1,904,639				
AMERICA ON TRACK 600 W SANTA ANA BLVD SANTA ANA, CA 92701	33-0724044	501(c)(3)	26,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 601 N GOLDEN CIRCLE SANTA ANA, CA 92705	53-0196605	501(c)(3)	50,000				
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY 1801 E EDINGER AVE SANTA ANA, CA 92705	95-1992702	501(c)(3)	60,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB SANTA ANA 250 N GOLDEN CIRCLE 104 SANTA ANA, CA 92705	95-1893417	501(c)(3)	25,000				
BRAILLE INSTITUTE OF AMERICA INC 741 N VERMONT AVE LOS ANGELES, CA 90029	95-1641426	501(c)(3)	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA TERESA INC PO BOX 429 ORANGE, CA 92856	95-3251986	501(c)(3)	25,000				
CHARITABLE VENTURES OF ORANGE COUNTY INC 4041 MACARTHUR NEWPORT BEACH, CA 92660	20-8756660	501(c)(3)	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL ORANGE COUNTY (CHOC) 455 S MAIN ST ORANGE, CA 92868	95-2321786	501(c)(3)	789,344				
CHOC FOUNDATION 455 S MAIN ST ORANGE, CA 92868	95-6097416	501(c)(3)	253,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF COSTA MESA 695 W 19TH ST COSTA MESA, CA 92627	95-6005030	GOVT	100,000				
CITY OF HUNTINGTON BEACH 1718 ORANGE AVE HUNTINGON BEACH, CA 92648	95-6000723	GOVT	148,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF IRVINE ONE CIVIC CENTER PLAZA IRVINE, CA 92606	95-2759391	GOVT	20,000				
CITY OF NEWPORT BEACH PO BOX 269110 SACRAMENTO, CA 95828	95-6000751	GOVT	100,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH INITIATIVE OF ORANGE CTY 1505 E 17TH ST STE 121 SANTA ANA, CA 92705	47-2671013	501(c)(3)	40,000				
COMMUNITY SENIORSERV INC 1200 N KNOLLWOOD CIR ANAHEIM, CA 92801	95-2771715	501(c)(3)	16,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYMAKERS 1221 E DYER RD 120 SANTA ANA, CA 92705	95-3167866	501(c)(3)	13,333				
COUNCIL ON AGING ORANGE COUNTY 1971 E 4TH ST STE 200 SANTA ANA, CA 92705	95-2874089	501(c)(3)	130,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRIME SURVIVORS INC PO BOX 54552 IRVINE, CA 92619	30-0229425	501(c)(3)	50,000				
CROHN'S & COLITIS FOUNDATION INC 3972 BARRANCA PKWYJ276 IRVINE, CA 92606	13-6193105	501(c)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY SUPPORT NETWORK OF OC 1500 ADAMS ST STE 301 COSTA MESA, CA 92626	27-0681680	501(c)(3)	35,000				
FAMILIES FORWARD 8 THOMAS IRVINE, CA 92618	33-0086043	501(c)(3)	80,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAY & LESBIAN COMMUNITY SERVICES CTR OC 1605 N SPURGEON ST SANTA ANA, CA 92701	95-2934041	501(c)(3)	41,667				
HANDS TOGETHER A CENTER FOR CHILDREN 201 E CIVIC CENTER SANTA ANA, CA 92701	33-0857087	501(c)(3)	13,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY SMILES 2101 E 4TH ST STE 220 SANTA ANA, CA 92705	38-3675065	501(c)(3)	50,000				
HUMAN OPTIONS PO BOX 53745 IRIVNE, CA 92619	95-3667817	501(c)(3)	30,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURTT FAMILY HEALTH CLINIC INC ONE HOPE DR TUSTIN, CA 92782	33-0906866	501(c)(3)	15,333				
INFECTIOUS DISEASE ASSOCIATION OF CA PO BOX 66751 LOS ANGELES, CA 90006	95-4106813	501(c)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERVENTION CENTER FOR EARLY CHILDHOOD 17461 DERIAN AVE STE 114 IRVINE, CA 92614	95-3850651	501(c)(3)	16,000				
IRVINE ADULT DAY HEALTH SERVICES 20 LAKE ROAD IRVINE, CA 92604	33-0599371	501(c)(3)	105,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRVINE CHILDRENS FUND 14301 YALE AVE IRVINE, CA 92604	33-0177921	501(c)(3)	40,000				
IRVINE PUBLIC SCHOOLS FOUNDATION 1 POST STE 250 IRVINE, CA 92618	33-0733191	501(c)(3)	66,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIWANIS CLUB OF COSTA MESA FOUNDATION PO BOX 1667 COSTA MESA, CA 92626	39-2071312	501(c)(3)	10,000				
LAGUNA BEACH SENIORS INC 380 THIRD ST LAGUNA BEACH, CA 92651	95-2983350	501(c)(3)	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO HEALTH ACCESS 1701 N MAIN ST 200 SANTA ANA, CA 92706	33-0562943	501(c)(3)	186,000				
LAUREL HOUSE 1 HOPE DR TUSTIN, CA 92782	30-0611748	501(c)(3)	35,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL B KETCHUM UNIVERSITY 2575 YORBA LINDA BLVD FULLERTON, CA 92831	95-1644593	501(c)(3)	12,600				
MARY'S SHELTER PO BOX 10433 SANTA ANA, CA 92711	33-0203768	501(c)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLES FOR KIDS 3002 DOW AVE STE 126 TUSTIN, CA 92780	91-2160616	501(c)(3)	23,333				
MOMS ORANGE COUNTY 1128 W SANTA ANA BLVD SANTA ANA, CA 92703	33-0518078	501(c)(3)	260,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI ORANGE COUNTY 1810 E 17TH ST SANTA ANA, CA 92705	95-3726369	501(c)(3)	80,000				
NEWPORT MESA SCHOOLS FOUNDATION PO BOX 1368 NEWPORT BEACH, CA 92659	95-3545785	501(c)(3)	16,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWPORT-MESA SPIRIT RUN INC 806 BISON NEWPORT BEACH, CA 92660	27-4410366	501(c)(3)	8,000				
NEWPORT-MESA UNIFIED SCHOOL DISTRICT 2045 MEYER PL BLDG B COSTA MESA, CA 92626	95-2417783	GOVT	296,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OC ADVANCE CARE PLANNING (ALZHEIMERS OC) 2515 MCCABE WAY STE 200 IRVINE, CA 92614	95-3702013	501(c)(3)	118,167				
ONE OC 1901 E FOUTH ST 100 SANTA ANA, CA 92705	95-2021700	501(c)(3)	126,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY APIA COMMUNITY ALLIANCE 12912 BROOKHURST ST GARDEN GROVE, CA 92840	91-2047245	501(c)(3)	33,333				
ORANGE COUNTY BAR FOUNDATION 313 N BIRCH ST MADRES UNIDAS, CA 92701	23-7068923	501(c)(3)	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR 510 NEWPORT BEACH, CA 92660	33-0378778	501(c)(3)	1,000,000				
ORANGE COUNTY COMMUNITY HOUSING CORP 501 N GOLDEN CIRCLE DR SANTA ANA, CA 92705	95-3221290	501(c)(3)	50,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY HUMAN RELATIONS 1300 S GRAND AVE SANTA ANA, CA 92705	33-0438086	501(c)(3)	135,000				
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(c)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY UNITED WAY 18012 MICHELL AVE SOUTH IRVINE, CA 92614	33-0047994	501(c)(3)	25,000				
OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD LOS ANGELES, CA 90025	33-0529915	501(c)(3)	20,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC SYMPHONY 17620 FITCH STE100 IRVINE, CA 92614	95-3635496	501(c)(3)	15,000				
PEDIATRIC ADOLESCENT DIABETES RESEARCH EDU 1201 W LA VETA AVE ORANGE, CA 92868	33-0099451	501(c)(3)	180,760				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR IRVINE COMMUNITY HEALTH 2025 SOUTH MAIN ST SANTA ANA, CA 92707	33-0063532	501(c)(3)	50,000				
PLANNED PARENTHOOD ORANGE & SAN BERNARDINO 700 S TUSTIN STREET ORANGE, CA 92866	95-6152773	501(c)(3)	150,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SELF SUFFICIENCY 307 PLACENTIA 203 NEWPORT BEACH, CA 92663	33-0597719	501(c)(3)	20,000				
PROVIDENCE SPEECH & HEARING CENTER 1301 PROVIDENCE AVE ORANGE, CA 92868	95-6154473	501(c)(3)	150,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE OUR YOUTH 661 HAMILTON 180 COSTA MESA, CA 92627	33-0585600	501(c)(3)	65,000				
SECOND CHANCE OC 2618 SAN MIGUEL DR NEWPORT BEACH, CA 92660	81-1224869	501(c)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DRIVE COSTA MESA, CA 92626	23-7287150	501(c)(3)	33,333				
SENECA FAMLIY OF AGENCIES 18302 IRVINE BLVD 300 TUSTIN, CA 92780	94-2971761	501(c)(3)	33,333				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVING KIDS HOPE 2100 W ALTON AVE 2 SANTA ANA, CA 92704	47-1518476	501(c)(3)	150,000				
SERVING PEOPLE IN NEED (SPIN) 151 KALMUS DRIVE H2 COSTA MESA, CA 92626	33-0329687	501(c)(3)	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANTI ORANGE COUNTY 23461 S POINTE DR LAGUNA HILLS, CA 92653	33-0236592	501(c)(3)	20,000				
SHARE OUR SELVES CLINIC 1550 SUPERIOR AVE COSTA MESA, CA 92627	95-3222316	501(c)(3)	2,123,957				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOES THAT FIT 1420 N CLAREMONT BLVD CLAREMONT, CA 91711	95-4425565	501(c)(3)	23,333				
SOMEONE CARES SOUP KITCHEN 720 W 19TH ST COSTA MESA, CA 92627	33-0279080	501(c)(3)	180,796				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS SOUTHERN CALIFORNIA 1600 FORBES WAY 200 LONG BEACH, CA 90810	95-4538450	501(c)(3)	33,333				
STRENGTH IN SUPPORT 23461 S POINTE DR LAGUNA HILLS, CA 92653	46-1896501	501(c)(3)	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 3191 AIRPORT LOOP DR COSTA MESA, CA 92626	33-0487943	501(c)(3)	58,333				
SWEET SUCCESS EXPRESS PROGRAM 16718 MAPLE ST FOUNTAIN VALLEY, CA 92708	34-2044369	501(c)(3)	11,667				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALK ABOUT CURING AUTISM 2222 MARTIN STSUITE 140 IRVINE, CA 92612	27-0048002	501(c)(3)	15,000				
THE CAMBODIAN FAMILY 1626 E 4TH ST SANTA ANA, CA 92701	95-3854831	501(c)(3)	100,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 92706	33-0299356	501(c)(3)	38,333				
TIYYA FOUNDATION 505 N TUSTIN STE280 SANTA ANA, CA 92705	27-3128801	501(c)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAUMA INTERVENTION PROGRAMS INC 24301 AIRPORTER WAY LAGUNA NIGUEL, CA 92677	33-0317893	501(c)(3)	6,667				
UNITED CEREBRAL PALSY OF OC 980 ROOSEVELT STE100 IRVINE, CA 92620	95-1856340	501(c)(3)	143,334				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS LEGAL INSTITUTE 2100 N BROADWAY STE209 SANTA ANA, CA 92706	47-1608069	501(c)(3)	30,000				
VIETNAMESE AMERICAN CANCER FOUNDATION 17150 NEWHOPE 203 FOUNTAIN VALLEY, CA 92708	91-2170415	501(c)(3)	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISEPLACE 1411 N BROADWAY SANTA ANA, CA 92706	95-1684796	501(c)(3)	20,000				
YOUNG LIVES REDEEMED 1351 E CHAPMAN AVE FULLERTON, CA 92831	47-1849084	501(c)(3)	21,667				

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Employer identification number 95-1643327
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Part I Questions Regarding Compensation		Yes	No
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 (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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 are not 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.

See Additional Data Table**Schedule J (Form 990) 2018**

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A SERP PLAN ON BEHALF OF CERTAIN MEMBERS OF SENIOR MANAGEMENT IN ACCORDANCE WITH PLAN DOCUMENTS. CERTAIN EXECUTIVES PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY. BEGINNING IN 2015, THE SEVP AND CHIEF QUALITY OFFICER OF PROVIDENCE ST. JOSEPH HEALTH AND HOAG FORMER SVP/CHIEF QUALITY OFFICER, PARTICIPATED IN A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY IN ADDITION TO THE STANDARD NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECTS CURRENT YEAR PAYOUTS FROM THESE PLANS.



Additional Data

Software ID:
Software Version:
EIN: 95-1643327
Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREW GUARNI SVP & CFO/PRES HMTS	(i)	419,994	57,099	4,851	30,662	8,600	521,206	0
	(ii)	0	0	0	0	0	0	0
RICHARD MARTIN SVP & CHIEF NURSING OFFICER	(i)	459,389	83,128	6,740	65,035	7,531	621,823	0
	(ii)	0	0	0	0	0	0	0
JENNIFER MITZNER VP AND CEO HOI	(i)	559,998	74,358	4,478	48,713	21,157	708,704	0
	(ii)	0	0	0	0	0	0	0
ROBERT BRAITHWAITE CEO/PRESIDENT	(i)	800,010	324,316	4,027	163,243	16,062	1,307,658	0
	(ii)	0	0	0	0	0	0	0
SANFORD SMITH SVP REAL ESTATE & FACILITIES	(i)	569,109	57,880	474,776	74,878	6,784	1,183,427	468,717
	(ii)	0	0	0	0	0	0	0
MARTIN FEE SENIOR VP/CCO	(i)	372,006	52,433	4,813	11,908	1,311	442,471	0
	(ii)	0	0	0	0	0	0	0
FLYNN ANDRIZZI SVP/PRES HHF/BOARD MEMBER HCS	(i)	427,903	183,745	5,581	47,417	20,970	685,616	0
	(ii)	0	0	0	0	0	0	0
MICHAEL RICKS EXECUTIVE VP/COO	(i)	500,011	80,070	1,737	57,034	18,046	656,898	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BRANT-ZAWADZKI EXECUTIVE MEDICAL DIRECTOR	(i)	459,992	51,529	13,284	32,992	14,367	572,164	0
	(ii)	0	0	0	0	0	0	0
KRIS V IYER MD VP SR & CAO HMTS/BD CHAIR HMTS	(i)	388,134	147,652	12,049	30,862	1,613	580,310	0
	(ii)	0	0	0	0	0	0	0
JAN BLUE SR VP HUMAN RESOURCES	(i)	389,359	147,652	10,824	36,469	7,703	592,007	0
	(ii)	0	0	0	0	0	0	0
ALLYSON BROOKS EXEC DIR MED WOMENS HEALTH	(i)	391,040	43,312	3,548	28,325	20,325	486,550	0
	(ii)	0	0	0	0	0	0	0
Rodney Hochman MD BD Member/PSJH PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,026,331	3,370,808	1,172,016	4,239,838	26,428	10,835,421	1,130,152
MARCY BROWN VP HHI & AMBULATORY SVCS	(i)	274,997	40,824	2,767	32,678	13,950	365,216	0
	(ii)	0	0	0	0	0	0	0
JACK COX FORMER SVP/CHIEF QUALITY OFCR	(i)	0	0	0	0	0	0	0
	(ii)	512,129	299,564	90,122	11,000	22,238	935,053	0
PATRICK ANDERSON CHIEF INFO OFCR (PART YEAR)	(i)	266,544	49,935	3,514	0	0	319,993	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number
95-1643327

Part I

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

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

2

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

3

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

Part II

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHERINE MCKITTERICK	SEE PART V	73,286	SEE PART V		No
(2) NEWPORT EMERGENCY MEDICAL GROUP	SEE PART V	382,308	SEE PART V		No
(3) CHRISTOPHER CHEWENS	SEE PART V	132,822	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS RELATIONSHIPS	LINE (1) - GARY MCKITTERICK, BOARD MEMBER OF HMHP, IS THE FATHER OF KATHERINE MCKITTERICK WHO IS AN EMPLOYEE OF HOAG LINE (2) - RAYMOND RICCI, BOARD MEMBER OF HMHP, IS THE OWNER, PRESIDENT AND PRACTICING PHYSICIAN OF NEWPORT EMERGENCY MEDICAL GROUP INC , A MEDICAL GROUP THAT PROVIDES EMERGENCY SERVICES AND MEDICAL DIRECTORSHIP (RAYMOND AS A CHIEF OF SERVICE) TO HOAG LINE (3) - JEFFREY MARGOLIS, BOARD MEMBER OF HMHP, IS THE FATHER-IN-LAW OF CHRISTOPHER CHEWENS WHO IS AN EMPLOYEE OF HOAG

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493319125409
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization HOAG MEMORIAL HOSPITAL PRESBYTERIAN		Employer identification number 95-1643327	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS EXECUTIVE SUMMARY THE COMMUNITY HEALTH DEPARTMENT AT HOAG MEMORIAL HOSPITAL PRESBYTERIAN (HOAG) WAS ESTABLISHED IN 1995 SINCE ITS BEGINNING THE PRO GRAM HAS FOCUSED ON TWO PRINCIPAL STRATEGIES - PROVIDE NECESSARY HEALTHCARE-RELATED SERVI CES WHICH ARE UNDUPLICATED IN THE COMMUNITY - PROVIDE FINANCIAL SUPPORT TO EXISTING COMMU NITY BASED NOT-FOR-PROFIT ORGANIZATIONS WHICH ALREADY PROVIDE EFFECTIVE HEALTHCARE AND REL ATED SOCIAL SERVICES TO MEET COMMUNITY HEALTH NEEDS THE DEPARTMENT OF COMMUNITY HEALTH, L ED BY ITS DIRECTOR, MICHAELL ROSE, DRPH, IS RESPONSIBLE FOR THE COORDINATION OF HOAG'S COM MUNITY BENEFIT REPORTING, AND PROVIDES FREE AND LOW COST PROGRAMS TO ASSIST THE UNDERSERVE D IN THE COMMUNITY THESE INCLUDE MENTAL HEALTH SERVICES, HEALTH MINISTRIES COORDINATION, A GRANTS PROGRAM, AND A VARIETY OF EDUCATION, OUTREACH, AND SOCIAL SERVICES IN ADDITION TO THESE SERVICES, MANY OTHER HOAG DEPARTMENTS PROVIDE COMMUNITY HEALTH SERVICES INCLUDING E DUCATION AND SUPPORT GROUPS WHICH ARE FREE TO THE COMMUNITY THE COMMUNITY BENEFIT PROGRAM SUPPORTS ORGANIZATIONS THAT PROVIDE A BROAD RANGE OF SERVICES, INCLUDING THE FOLLOWING - MEDICAL AND DENTAL CARE - ADULT DAY CARE AND EDUCATION FOR PERSONS WHO SUFFER FROM ALZHEI MER'S DISEASE OR MILD DEMENTIA, WITH SUPPORT AND EDUCATION FOR THEIR CAREGIVERS AND FAMILI ES - TRANSPORTATION SERVICES FOR LOCAL SENIOR CENTERS - PREVENTION OF CHRONIC DISEASE AND MANAGEMENT - ECONOMIC SECURITY - MENTAL HEALTH SERVICES INTRODUCTION THE HOAG MEMORIAL HOS PITAL PRESBYTERIAN COMMUNITY BENEFIT PROGRAM WAS FORMALIZED IN 1995 AND HAS GROWN SIGNIFIC ANTLY SINCE THAT TIME WE HAVE SERVED OVER 90 NONPROFIT COMMUNITY ORGANIZATIONS IN A VARIE TY OF HEALTH AND SOCIAL SERVICE CATEGORIES WE CONTINUE TO EMPHASIZE THE DEVELOPMENT OF SU STAINED COLLABORATIVE RELATIONSHIPS AND THE PROVISION OF UNDUPLICATED SERVICES TO DISADVAN TAGED RESIDENTS IN OUR COMMUNITY AS CORE ELEMENTS OF THE PROGRAM HOAG'S NONPROFIT REGIONA L HEALTH CARE DELIVERY NETWORK CONSISTS OF TWO ACUTE-CARE HOSPITALS - HOAG HOSPITAL NEWPOR T BEACH, WHICH OPENED IN 1952, AND HOAG HOSPITAL IRVINE, WHICH OPENED IN 2010 IN ADDITION TO ELEVEN URGENT CARE CENTERS AND NINE HEALTH CENTERS, AND HAS DELIVERED A LEVEL OF PERSON ALIZED CARE THAT IS UNSURPASSED AMONG ORANGE COUNTY'S HEALTH CARE PROVIDERS RENOWNED FOR ITS EXCELLENCE, SPECIALIZED HEALTH CARE SERVICES AND EXCEPTIONAL PHYSICIANS AND STAFF, HOA G IS ADMIRER AS ONE OF CALIFORNIA'S LEADING HOSPITALS IT IS ONE OF THE COUNTY'S LARGEST E MLOYERS WITH APPROXIMATELY 6,000 EMPLOYEES AND MORE THAN 2,000 VOLUNTEERS HOAG'S NETWORK OF MORE THAN 1,700 PHYSICIANS REPRESENTS 52 DIFFERENT SPECIALTIES HOAG IS A DESIGNATED M AGNET HOSPITAL BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) AND IS FULLY ACCREDITED BY DNV HOAG OFFERS A VARIETY OF HEALTH CARE SERVICES TO TREAT VIRTUALLY ANY ROUTINE OR CO MPLEX MEDICAL CONDITION THROUGH ITS MEDICAL STAFF, STATE-OF-THE-ART EQUIPMENT AND MODERN FACILITIES, HOAG PROVIDES A FU</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>LL SPECTRUM OF HEALTH CARE SERVICES INCLUDING FIVE INSTITUTES THAT PROVIDE SPECIALIZED SERVICES IN THE FOLLOWING AREAS: CANCER, HEART AND VASCULAR, NEUROSCIENCES, WOMEN'S HEALTH, AND ORTHOPEDICS THROUGH HOAG'S AFFILIATE, HOAG ORTHOPEDIC INSTITUTE, WHICH CONSISTS OF AN ORTHOPEDIC HOSPITAL AND TWO AMBULATORY SURGICAL CENTERS. TO FURTHER HOAG'S COMMITMENT TO PROVIDE COMPREHENSIVE CARE TO THE COMMUNITIES WE SERVE, HOAG MEDICAL GROUP WAS ESTABLISHED IN 2012 WITH THE CORE VALUES OF EXCELLENCE, INNOVATION AND COMPASSION. THE PHYSICIAN GROUP COMPRISES SPECIALISTS AND SUBSPECIALISTS IN INTERNAL MEDICINE, FAMILY MEDICINE, PEDIATRICS, GERIATRICS, ACUPUNCTURE, NEUROMUSCULOSKELETAL, ENDOCRINOLOGY, GENETICS, RHEUMATOLOGY, DIABETES, ALLERGY & IMMUNOLOGY, AND HIV MEDICINE. IN 2013, HOAG ENTERED INTO AN ALLIANCE WITH ST. JOSEPH HEALTH TO FURTHER EXPAND HEALTH CARE SERVICES IN THE ORANGE COUNTY COMMUNITY, KNOWN AS ST. JOSEPH HOAG HEALTH. HOAG WAS THE HIGHEST RANKED HOSPITAL IN ORANGE COUNTY IN THE 2018-2019 U.S. NEWS & WORLD REPORT. THE ORGANIZATION WAS RANKED THE #4 HOSPITAL IN THE LOS ANGELES METRO AREA AND THE #8 HOSPITAL IN CALIFORNIA. HOAG WAS THE ONLY ORANGE COUNTY HOSPITAL RANKED IN THE TOP 10 FOR CALIFORNIA. ADDITIONALLY, HOAG WAS #23 NATIONALLY IN GASTROENTEROLOGY AND GI SURGERY, #31 NATIONALLY IN ORTHOPEDICS, #41 NATIONALLY IN UROLOGY AND #49 NATIONALLY IN GERIATRICS. HOAG RANKED HIGH PERFORMING IN CANCER, NEUROLOGY & NEUROSURGERY, NEPHROLOGY AND PULMONOLOGY, AS WELL AS IN ALL NINE COMMON ADULT PROCEDURES. HISTORY: HOAG OPENED IN 1952 AS A COMMUNITY PARTNERSHIP BETWEEN THE ASSOCIATION OF PRESBYTERIAN MEMBERS AND THE GEORGE HOAG FAMILY FOUNDATION, A PRIVATE CHARITABLE FOUNDATION. THE GEORGE HOAG FAMILY FOUNDATION AND THE ASSOCIATION OF PRESBYTERIAN MEMBERS REPRESENT THE TWO FOUNDING ORGANIZATIONS OF THE HOSPITAL AND CONTINUE TO PROVIDE LEADERSHIP AS CORPORATE MEMBERS OF THE HOAG CORPORATION. THESE MEMBERS ANNUALLY ELECT THE BOARD OF DIRECTORS, WHICH CONSISTS OF 17 MEMBERS WITH REPRESENTATIVES FROM THE HOAG COMMUNITY AND MEDICAL STAFF. AN ANNUAL MEETING AT THE END OF THE FISCAL YEAR PROVIDES THE CORPORATE MEMBERS THE OPPORTUNITY FOR THE ELECTION/RE-ELECTION OF DIRECTORS FOR THE ENSUING YEAR. SINCE ITS FOUNDING, THE HOSPITAL HAS WELDED A STRONG COMMITMENT TO THE COMMUNITY THAT IT SERVES, INCLUDING THE PROVISION OF SERVICES FOR THOSE WHO CONSTITUTE A MORE VULNERABLE, AT-RISK POPULATION. SUCH CARE, FOR BOTH INPATIENTS AND OUTPATIENTS, IS OFTEN ONLY PARTIALLY COMPENSATED. WITH EXCELLENCE OF MANAGEMENT AND THE DILIGENT STEWARDSHIP OF FUNDS, HOAG HAS BEEN ABLE TO SUSTAIN ITS FINANCIAL STRENGTH. AS A RESULT, HOAG HAS BEEN ABLE TO MAINTAIN A CONTINUING COMMITMENT TO QUALITY OF CARE WHILE DEVELOPING AND EXPANDING COMMUNITY PROGRAMS AND PARTNERSHIPS. MOST OF THE FUNDS EXPENDED UPON HOAG'S COMMUNITY BENEFIT PROGRAM ARE FROM OPERATING INCOME. PROVIDENCE ST. JOSEPH HEALTH ON JULY 1, 2016, PROVIDENCE HEALTH SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS), INCLUDING HOAG.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	G MEMORIAL HOSPITAL PRESBYTERIAN, ENTERED INTO A BUSINESS COMBINATION AGREEMENT, THE PURPOSE OF WHICH WAS TO BETTER SERVE BOTH ORGANIZATION'S COMMUNITIES, MAINTAIN STRONG TRADITIONS OF CATHOLIC HEALTHCARE, AND PROVIDE GREATER AFFORDABILITY AND ACCESS TO HEALTHCARE SERVICES AS PART OF THE BUSINESS COMBINATION, PHS AND SJHS ALIGNED UNDER A SINGLE PARENT CORPORATION, PROVIDENCE ST JOSEPH HEALTH, WITH A CONSOLIDATED BOARD OF DIRECTORS AND COSPONSORSHIP FROM THE PUBLIC JURIDIC PERSONS PROVIDENCE MINISTRIES AND ST JOSEPH HEALTH MINISTRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>PROGRAM ACCOMPLISHMENTS MENTAL HEALTH CENTER - THESE SOCIAL WORKERS PROVIDED MENTAL HEALTH SERVICES TO 710 CLIENTS IN THE FORM OF PSYCHOTHERAPY - RESOURCE BROKERING, AND/OR CASE MANAGEMENT WAS PROVIDED TO 205 INDIVIDUALS IN ADDITION, THE PROGRAM OFFERED PSYCHOTHERAPEUTIC, PSYCHO EDUCATIONAL GROUPS AND COMMUNITY PRESENTATIONS WHICH RESULTED IN 1,862 ENCOUNTERS HEALTH MINISTRIES - TOUCHED THE LIVES OF MORE THAN 50,000 CONGREGANTS - THROUGH INDIVIDUAL CASE MANAGEMENT & SUPPORT GROUP SERVICES - CLINICAL SERVICES FLU VACCINES, BP SCREENINGS, BLOOD DRIVES - COMMUNITY HEALTH EDUCATION PROGRAMS, INCLUDING WHOLE PERSON CARE, END OF LIFE INITIATIVES IN COLLABORATION WITH THE OC DIOCESE - OTHER SERVICES INCLUDED HOME/ HOSPITAL VISITS, PROGRAM PLANNING & VOLUNTEER COORDINATION - ADMINISTERED 8,900 FLU VACCINE DOSES TO FAITH MEMBERS AND THE COMMUNITY - SERVED 222 CONGREGANTS WITH SPIRITUALLY BASED AGING AND DEMENTIA CARE HEALTH EDUCATION - TRAINED 293 PERSONS IN LIFE-SAVING CPR & AUTOMATED EXTERNAL DEFIBRILLATOR USAGE - OVER 260 UNITS OF LIFE SAVING BLOOD COLLECTED THROUGH HOAG BLOOD MOBILE SERVICES PROJECT WIPEOUT - PROJECT WIPEOUT COMPLETED THE PILOT STUDY WITH THE FOLLOWING BREAKDOWN - 59 POOL SAFETY PRESENTATIONS FOR THE CITIES OF IRVINE AND NEW PORT BEACH - 443 PARENTS/CAREGIVERS RECEIVED THE PRESENTATION AND RESOURCE PACKET - 176 PRE-TEST SURVEYS WERE COMPLETED, 45 FOLLOW UP POST-TEST SURVEYS WERE COMPLETED - COMMUNITY OUTREACH TOOK PLACE AT THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING FAMILY HEALTH DAY, IMAGINOLOGY, AS WELL AS AT SMALLER CITY COMMUNITY EVENTS, WITH ALMOST 2000 ENCOUNTERS THE SE ENCOUNTERS CONSIST OF PERSONAL INTERACTIONS BETWEEN LIFEGUARDS, EDUCATORS, CHILDREN, AND FAMILIES THAT INCLUDED DISTRIBUTION OF BEACH SAFETY MATERIALS AND ACTIVITIES MELINDA HOAG SMITH CENTER FOR HEALTH LIVING - CY 18, 1870 INDIVIDUALS AND/OR FAMILIES REGISTERED AS MEMBERS OR INQUIRED ABOUT SERVICES AND WERE LINKED TO APPROPRIATE AGENCIES THROUGH OUR CASE MANAGER SUPPORT TEAM - THE HEALTH FAIR WAS ATTENDED BY 557 INDIVIDUALS THAT INCLUDED ADULTS AND CHILDREN ATTENDEES PARTICIPATED AND RECEIVED VARIOUS SERVICES INCLUDING MENTAL HEALTH RESOURCES, FLU SHOTS, DENTAL CLEANING, BLOOD PRESSURE, AND DIABETES SCREENING - THROUGH THE CENTERS PROFESSIONAL NETWORK RESOURCE EXCHANGE MONTHLY MEETINGS, 310 INDIVIDUALS REPRESENTED THEIR AGENCIES AND NETWORKED WITH OTHER NONPROFIT ORGANIZATIONS IN THE COUNTY - 205 PEOPLE WERE CPR CERTIFIED THIS HELPED FOR JOB SECURITY AND PLACEMENT FOR SEVERAL NANNIES, CHILD CARE WORKERS, AND PRESCHOOL TEACHERS - 331 ADULTS PARTICIPATED IN CIELOS ENTREPRENEURSHIP/ JOB READINESS CLASSES - 2699 ENCOUNTERS FOR GIRLS INCS AFTER SCHOOL HOME WORK LAB AND STEM ACTIVITIES (BOYS AND GIRLS) - 8275 ENCOUNTERS FOR YOGA AND ZUMBA CLASSES - 297 ENCOUNTERS FOR CHILDREN PARTICIPATED IN BALLET CLASSES - 1564 ENCOUNTERS FOR CHILDREN PARTICIPATED IN AMIGITOS/ZUMBINI - 1763 PEOPLE PARTICIPATED IN A NAMI CLASS/SUPPORT GROUP - 8194 INDIVIDUALS WERE EIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>HER VISITED AT HOME OR MET WITH A PROMOTORA ONSITE TO DISCUSS MENTAL HEALTH SERVICES, STARTING IN SEPTEMBER OF 2018 - 326 PEOPLE HAVE RECEIVED LEGAL CONSULTATION OR REPRESENTATION FROM THE PUBLIC LAW CENTER (LAWYER STARTED 20 HOURS A WEEK ON SITE SINCE MAY) FREE LEGAL REPRESENTATION IS KEY BECAUSE THIS IS THE SERVICE THAT IS IN HIGHEST DEMAND AND IS LEAST AVAILABLE IN THE COMMUNITY WE ARE FOCUSING ON FAMILY LAW DIVORCE, DV, CHILD CUSTODY ETC THE MARY & DICK ALLEN DIABETES CENTER - OVER 1443 PATIENT ENCOUNTERS A SUBSET OF 322 PATIENTS RECEIVING DSMES SERVICES WERE OFFERED ACCESS TO A SOCIAL WORKER TO PROVIDE ADDITIONAL CLINICAL SUPPORT RELATED TO PSYCHOSOCIAL BARRIERS WHICH ARE IMPEDING HEALTHIER LIFESTYLE CHOICES AT NO COST TO PATIENTS AS PART OF DSMES - UEBERROTH FAMILY PROGRAM FOR WOMEN WITH DIABETES (SWEET SUCCESS) A TOTAL OF 2,016 ENCOUNTERS COMPLETED AT THE CENTER THE CENTER OFFERS FREE ORAL GLUCOSE TOLERANCE TESTING (OGTT) 4-12 WEEKS POSTPARTUM IN 2018, 216 PATIENTS CAME TO RECEIVE THEIR OGTT AT THE CENTER - ANNUAL DIABETES NURSING CONFERENCE THE ANNUAL DIABETES CONFERENCE TITLED "DIABETES WHAT'S NEW? WHAT'S NEXT?" WAS HELD ON OCTOBER 27TH, 2018 THERE WERE 125 ATTENDEES WHICH INCLUDED PHYSICIANS, NURSES, DIETITIANS, CERTIFIED DIABETES EDUCATORS AND SOCIAL WORKERS - CHOC CHILDRENS SERVICES AT THE ALLEN DIABETES CENTER MORE THAN 1200 CLINICAL ENCOUNTERS 1400 PARTICIPANTS JOINED THE PODER CLASSES, AND 267 PARTICIPANTS WERE INVOLVED IN THE PADRE CLASSES - HERBERT FAMILY PROGRAM FOR YOUNG ADULTS WITH TYPE 1 DIABETES THE HERBERT FAMILY PROGRAM FOCUSES ON CATERING TO THE UNIQUE NEEDS OF YOUNG ADULTS WITH TYPE 1 DIABETES (AGES 18-30) APPROXIMATELY 10-15 EMERGING ADULTS ATTENDED ON A MONTHLY BASIS - OUTREACH EVENTS 850 PEOPLE PARTICIPATED IN THE SWEET LIFE COOKING CLASSES DURING THESE CLASSES, AN EDUCATOR AND HOAGS EXECUTIVE CHEF PROVIDED INSIGHT ON RECIPES AND NUTRITION TO PROMOTE HEALTHY EATING FOR OUR COMMUNITY OBSTETRICS (OB) EDUCATION CLASS ATTENDANCE BABY CARE 1010 BABY SAVER 1160 BREASTFEEDING 745 CAR SEAT SAFETY 824 4TH TRIMESTER 102 MATERNITY ORIENTATION 2361 MULTIPLE MIRACLES (OFFERED QUARTERLY) 36 PREPARED CHILDBIRTH 1217 PRE-BIRTH BOOT CAMP FOR COUPLES (NEW CLASS OFFERED 2 TIMES) 144 BREASTFEEDING CLINIC VISITS (OUTPATIENT) 1,200 BABY LINE TELEPHONE CALLS 15,105 POST PARTUM SUPPORT GROUPS POSTPARTUM ADJUSTMENT, PERINATAL LOSS, & PREGNANCY AFTER LOSS GROUPS (FUNDED BY COMMUNITY BENEFIT) 478 ALZHEIMERS FAMILY CENTER - PROVIDED 26,393 CUMULATIVE PATIENT DAYS FOR 306 UNDUPLICATED ADULT DAY HEALTH CARE PATIENTS, AND 167 CUMULATIVE PATIENT DAYS OF SATURDAY CARE (SOCIAL MODEL) FOR 14 OF OUR PATIENTS - FIELDLED 321 INQUIRIES FROM FAMILIES COMMUNITY-WIDE SEEKING TO ACCESS SUPPORTIVE SERVICES (E.G., ADULT DAY HEALTH CARE, CAREGIVER SUPPORT GROUPS) FOR THEMSELVES AND THEIR MEMORY IMPAIRED LOVED ONES - AVERAGE DAILY ATTENDANCE (ADA) OR AVERAGE DAILY CENSUS FOR THE REPORTING PERIOD WAS 118 WE HAD 123 NEW PATIENT ADMISSIONS AN</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>D 97 PATIENT DISCHARGES FOR AN ATTRITION RATE OF 4 25% - THE NURSING DEPARTMENT MADE 456 NEW AND RECURRENT ASSESSMENTS, AND OUR STAFF MADE 2,804 CONTACTS TO FAMILY CAREGIVERS TO ADDRESS MEDICAL NEEDS SUCH AS FOOT CHECKS, MEDICATIONS, TB TESTS, FIRST AID, ILLNESS AND BATHROOM ISSUES. IN ADDITION, STAFF MADE 462 CONTACTS WITH PATIENTS PRIMARY CARE PHYSICIANS TO ADDRESS MEDICAL NEEDS (I E , DIABETIC FOOT CHECKS, BLOOD SUGAR READINGS THAT WERE OUT OF RANGE, PAIN MANAGEMENT, MEDICATION ADJUSTMENTS) - ALZHEIMERS FAMILY CENTER, IN PARTNERSHIP WITH MISSION HOSPITAL, LAUNCHED THE MIND & MEMORY PROGRAM IN JANUARY 2018. IN THE FIRST YEAR OF OPERATION, THE MIND AND MEMORY PROGRAM SERVED MORE THAN 100 PATIENTS AND PROVIDED 3,026 DAYS OF SERVICE, OPERATING BOTH MORNING AND AFTERNOON PROGRAMS MONDAY THROUGH FRIDAY. SIXTY-SEVEN PERCENT OF PATIENTS IN THE PROGRAM HAVE SHOWN A DECREASE IN DEPRESSIVE SYMPTOMS, 52% HAVE SHOWED AN IMPROVEMENT IN COGNITION, AND 43% OF PATIENTS SHOWED A DECREASE IN ANXIETY SYMPTOMS SINCE STARTING THE PROGRAM. THE COSTA MESA FAMILY RESOURCE CENTER (CMFRC) - CMFRC HAS OVER 6,500 ENCOUNTERS WITH THE CHILDREN AND FAMILIES IN THE NEWPORT MESA COMMUNITY. THIS INCLUDES WALK-INS, REFERRALS, ACCESSING SERVICES AND/OR ATTENDING EVENTS. WITH CMFRC COMPLETING ITS 4TH YEAR SINCE OPENING ITS DOORS, THERE HAS BEEN SIGNIFICANT GROWTH IN CHILDREN AND FAMILIES SERVED AND LINKAGE TO SERVICES - TEEN CONFERENCE. THE EVENT WAS HOSTED AT COSTA MESA HIGH SCHOOL, WITH OVER 75 PARTICIPANTS ATTENDING THE EVENT. THE EVENT WAS AN OVERALL SUCCESS - FOOD DISTRIBUTIONS ABOUT 150 FAMILIES SERVED EACH MONTH, WITH OUR HIGHEST SERVING 212 FAMILIES - OUT OF SCHOOL PROGRAM. THERE WERE OVER 85 CHILDREN AGES 5 TO 11 WHO WERE SERVED THROUGH THE SUMMER CAMPS RANGING FROM EXISTING TO NEW FAMILIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS RELATIONSHIPS BOARD MEMBER GARY MCKITTERICK, OFFICER ROBERT BRAITHWAITE AND OFFICER ANDREW GUARNI HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS THE MEMBERS OF THE CORPORATION CONSIST OF THE FOLLOWING I COVENANT HEALTH NETWORK INC II THE GEORGE HOAG FAMILY FOUNDATION ("GHF FOUNDATION") III THE CONSTITUENT CHURCHES OF THE LOS RANCHOS PRESBYTERY OF THE PRESBYTERIAN CHURCH (USA), AS REPRESENTED BY THE ASSOCIATION OF PRESBYTERIAN MEMBERS (THE "APM"), AND IV SUCH INDIVIDUAL MEMBERS AS MAY BE APPOINTED BY THE GHF FOUNDATION OR THE APM UP TO A MAXIMUM OF FORTY-EIGHT (48) INDIVIDUAL MEMBERS TO BE DIVIDED EQUALLY BETWEEN THE GHF FOUNDATION AND THE APM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT DIRECTORS HOAG HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE HOAG BOARD ALL APPOINTMENTS THAT COME FROM THE HOAG BOARD AS NOMINATIONS MUST BE APPROVED BY AFFIRMATIVE VOTE OF AT LEAST A MAJORITY OF THE VOTES ENTITLED TO BE CAST BY THE GHF FOUNDATION, THE APM, AND THE INDIVIDUAL MEMBERS, (IF ANY), AT SUCH ANNUAL MEETING OF THE MEMBERS, SUBJECT TO FINAL APPROVAL BY REQUISITE VOTE OF THE CHN BOARD OF DIRECTORS IF SUCH ANNUAL MEETING IS NOT HELD OR DIRECTORS ARE NOT ELECTED THEREAT, THE DIRECTORS MAY BE ELECTED AT ANY SPECIAL MEETING OF THE MEMBERS CALLED FOR THAT PURPOSE BY THE SAME VOTE AS IS REQUIRED AT ANY ANNUAL MEETING, BUT SUBJECT IN ALL INSTANCES TO FINAL APPROVAL BY THE REQUISITE VOTE OF THE CHN BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DECISIONS RESERVED TO MEMBERS OR STOCKHOLDER THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE PRELIMINARY APPROVAL BY THE COVENANT HEALTH NETWORK, INC BOARD AND FINAL APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF ADOPTION OR CHANGES TO STATEMENT OF COMMON VALUE, FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, AND SALE OR DISPOSITION OF REAL PROPERTY A SUPERMAJORITY OF THE COVENANT HEALTH NETWORK, INC BOARD IS REQUIRED TO APPROVE ANY MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF HOAG BOARD OF DIRECTORS, APPOINTMENT AND REMOVAL OF HOAG CEO, ADOPTION OR AMENDMENT OF BYLAWS AND ARTICLES THE POWERS AND RESPONSIBILITIES OF THE MEMBERS OF THE CORPORATION INCLUDE, BUT ARE NOT LIMITED TO (A) TO ASSURE THE BOARD OF DIRECTORS CARRIES OUT THE CORPORATION'S MISSION, (B) TO CONSIDER THE QUALIFICATIONS OF DIRECTORS TO BE ELECTED TO THE BOARD OF DIRECTORS, (C) TO APPROVE ANY AMENDMENT, MODIFICATION OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION, (D) TO APPROVE THE ELECTION, APPOINTMENT OR REMOVAL OF ANY DIRECTOR OF THE CORPORATION, AND (E) TO APPROVE ANY SALE, TRANSFER CONVEYANCE OR OTHER DISPOSITION OF ALL, SUBSTANTIALLY ALL OR A MATERIAL PORTION OF THE ASSETS OF THE CORPORATION, OR ANY MERGER, CONSOLIDATION, AFFILIATION OR DISSOLUTION OF THE CORPORATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD THE REVIEW OF THE FORM 990 PRIOR TO ISSUANCE MANAGEMENT, INCLUDING AN OFFICER OF THE ORGANIZATION, PREPARES AND REVIEWS THE FORM 990 THE AUDIT AND COMPLIANCE COMMITTEE IS PROVIDED WITH A DRAFT FORM 990 AND IS PROVIDED AMPLE TIME TO READ THE DOCUMENT AND DEVELOP QUESTIONS THE AUDIT AND COMPLIANCE COMMITTEE THEN CONVENES PRIOR TO THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING & ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY OFFICERS, DIRECTORS, NON-DIRECTOR MEMBERS OF BOARD COMMITTEES, AND SENIOR EXECUTIVES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE RESPONSES TO THE QUESTIONNAIRE ARE REVIEWED BY THE CHAIR AND CEO AND MATTERS ARE DISCUSSED AT THE APPROPRIATE LEVEL AS APPLICABLE GIVEN THE SITUATION INDIVIDUAL TRANSACTIONS THAT OCCUR BETWEEN THE ANNUAL QUESTIONNAIRES ARE REVIEWED BY THE CORPORATION'S LEGAL AND COMPLIANCE OFFICERS FOR POTENTIAL CONFLICTS 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, TRANSACTIONS OR ARRANGEMENT, OR BE EXCUSED FROM ANY MEETING WHERE THE PROPOSED CONTRACT IS DISCUSSED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	<p>PROCESS FOR DETERMINING COMPENSATION OF CEO THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF HOAG'S BOARD OF DIRECTORS, COMPRISED SOLELY OF INDEPENDENT DIRECTORS THE COMPENSATION COMMITTEE RECEIVES A STUDY PERFORMED BY AN INDEPENDENT CONSULTING FIRM THAT REVIEWS LEVELS OF COMPENSATION AT COMPARABLE ORGANIZATIONS FOR COMPARABLE POSITIONS WHEN SETTING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES THIS PROCESS OF USING COMPARABLE DATA TO ESTABLISH LEVELS OF COMPENSATION HAS BEEN IN PLACE IN EXCESS OF 37 YEARS THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION THIS PROCESS WAS LAST COMPLETED IN 2018 IN ADDITION, THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED REASONABLE IN COMPLIANCE WITH IRC SECTION 4958</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	<p>PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION OF THE COO, CFO AND ALL SENIOR VICE PRESIDENTS (KEY EMPLOYEES) IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF HOAG'S BOARD OF DIRECTORS, COMPRISED SOLELY OF INDEPENDENT DIRECTORS THE COMPENSATION COMMITTEE RECEIVES A STUDY PERFORMED BY AN INDEPENDENT CONSULTING FIRM THAT REVIEWS LEVELS OF COMPENSATION AT COMPARABLE ORGANIZATIONS FOR COMPARABLE POSITIONS WHEN SETTING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES THIS PROCESS OF USING COMPARABLE DATA TO ESTABLISH LEVELS OF COMPENSATION HAS BEEN IN PLACE IN EXCESS OF 37 YEARS THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION THIS PROCESS WAS LAST COMPLETED IN 2018 IN ADDITION, THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED REASONABLE IN COMPLIANCE WITH IRC SECTION 4958</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS OR FUND BALANCE EQUITY TRANSFERS (65,894,871) UBI LOSS FROM PARTNERSHIPS/LLC'S 13,559,126 DIFFERNCE BETWEEN FOUNDATION DONATED CAPITAL VS HMHP BS MOVEMENT (347,595) EXCLUDED SERVICES PER HERITAGE AFFILIATION 80,419 JV ACCOUNTING CHANGE (55,012,487) ===== TOTAL (107,615,408)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

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

2018

Open to Public Inspection

Employer identification number

95-1643327

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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

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 ORTHOPEDIC INSTITUTE	l	21,038,410	ACCRUAL
(2)HOAG HOSPITAL FOUNDATION	c	21,719,715	ACCRUAL
(3)HOAG HOSPITAL FOUNDATION	j	594,024	ACCRUAL
(4)HOAG HOSPITAL FOUNDATION	q	8,945,958	ACCRUAL
(5)HOAG CLINIC	l	161,895	ACCRUAL
(6)ST JOSEPH HERITAGE HEALTHCARE	b	40,281,747	ACCRUAL

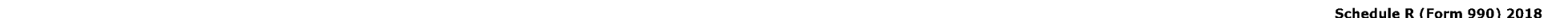
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	<p>IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 20TH STREET SURGERY LLC EIN 73-1735618 ADDRESS 1301 20TH STREET, STE 140, SANTA MONICA, CA 90404 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY MISSOULA, MT 59802 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES RD PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST , BLDG II, #495 PORTLAND, OR 97213 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 CTR FOR MED IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 CTR FOR MED IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 FULLERTON SURGICAL CENTER LP EIN 47-0927394 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 GREATER VALLEY MEDICAL BUILDING, L P EIN 95-4570858 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW AUBURN, WA 98001 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 HOAG OUTPATIENT CENTERS, LLC EIN 45-3587572 ADDRESS 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691 INLAND IMAGING, LLC EIN 91-1855796 ADDRESS 801 S STEVENS ST , SPOKANE, WA 99204 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVENUE, LUBBOCK, TX, 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 NEWPORT BAY SURGERY CENTER, LLC EIN 56-2518360 ADDRESS 3333 W PACIFIC COAST HWY, #100 NEWPORT BEACH, CA 92663 NEWPORT BEACH ENDOSCOPY CENTER, LLC EIN 77-0368744 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SN MIGUEL, NEWPORT BEACH, CA 92660 NEWPORT SURGICAL PARTNERS, LLC EIN 39-2060266 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NORTH BAY ENDOSCOPY CENTER EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, SUITE 110, PETALUMA, CA 94954 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET SEATTLE, WA 98104 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROV RADIATION ONCOLOGY DEVELOP ASSN , LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN 47-0918549 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE IMAGING CENTER JOINT VENTURE EIN 92-0118807 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO EIN 82-3190634 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE ST MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP, LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS, LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SHA, LLC EIN 75-2560994 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 SJO ASC HOLDINGS LLC EIN 82-1655501 ADDRESS 1140 W LA VETA AVE ORANGE, CA 92868 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, SUITE 300 SAN JOSE, CA 95128 ST JUDE SURGICAL CENTERS, LLC EIN 82-3352570 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 SURGERY CENTER AT TANASBOURNE, LLC EIN 20-8187971 ADDRESS 11221 ROE AVE , STE 300, LEAWOOD, KS 66211 TARZANA PEDIATRIC VENTURES LLC EIN 82-1308306 ADDRESS 18321 CLARK ST, TARZANA, CA 91356 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204</p>



Additional Data

Software ID:
Software Version:
EIN: 95-1643327
Name: HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) IRVINE ENDOSCOPY PARTNERS LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 81-2267690	Medical Svcs	CA	0	0	HMHP
(1) NEWPORT HEALTHCARE CENTERS LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 33-1127904	Medical Bldg	CA	16,711,855	178,883,521	HMHP
(2) HOAG OUTPATIENT THERAPIES One Hoag Drive Box 6100 Newport Beach, CA 92663 47-1467227	OUTPAT THERAP	CA	2,088,949	6,767,529	HMHP
(3) HOAG NEUROBEHAVIORAL HEALTH LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 47-3282694	Medical Svcs	CA	4,200,225	11,989,112	HMHP
(4) IRVINE SURGICAL PARTNERS LLC ONE HOAG DRIVE NEWPORT BEACH, CA 92663 81-2776218	MEDICAL SVCS	CA	0	0	HMHP
(5) PERSONALCARE PHYSICIANS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 26-4105404	MEDICAL SVCS	CA	2,633,532	755,495	HMHP
(6) COASTAL ASC HOLDINGS ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HOLDING CMPY	CA	31,618,981	71,790,206	HMHP

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12, I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12, I	HMHP	Yes	
2081 BUSINESS CTR DR STE 195 IRVINE, CA 92612 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHSSJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501	SUPPORT	WA	501(C)(3)	12, I	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
PO BOX 16069 SEATTLE, WA 98116 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565	HEALTHCARE	AK	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288	HEALTHCARE	WA	501(C)(3)	12, I	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCIAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	NA		No

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262	HOLDING CO	WA	501(C)(3)	12, I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-4171900	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	Yes	

Form 990, Schedule R, Part III - 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) Disproprrtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	NA	N/A								
(1) BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
(2) CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	NA	N/A								
(3) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
(4) COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 81-0986844	HEALTHCARE	CA	HMHP	RELATED	4,156,982	34,195,669		No	0	Yes		77 500 %
(5) COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-5033419	HEALTHCARE	TX	NA	N/A								
(6) CTR FOR MED IMAGING- BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	NA	N/A								
(7) CTR FOR MED IMAGING- TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	NA	N/A								
(8) FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0927394	AMBULATORY SURG	CA	NA	N/A								
(9) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
(10) HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	NA	N/A								
(11) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
(12) HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 61-1588294	HEALTHCARE	CA	HMHP	RELATED	20,162,383	18,072,563		No	0	Yes		51 000 %
(13) HOAG OUTPATIENT CENTERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA	HMHP	RELATED	1,187,484	0		No	0	Yes		0 %
(14) INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	NA	N/A								

Form 990, Schedule R, Part III - 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) 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	
(16) LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
(1) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
(2) NEWPORT BAY SURGERY CENTER LLC 3333 W PACIFIC COAST HWY 100 NEWPORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	HMHP	RELATED	379,118	942,848		No	0	Yes		7 840 %
(3) NEWPORT BEACH ENDOSCOPY CENTER LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 77-0368744	HEALTHCARE	CA	HMHP	RELATED	747,000	0		No	0	Yes		0 %
(4) NEWPORT IMAGING CENTER 360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	HMHP	RELATED	-1,464,353	5,298,769		No	0	Yes		99 880 %
(5) NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	HMHP	RELATED	128,268	3,644,830		No	0	Yes		24 060 %
(6) NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
(7) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
(8) OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
(9) PETCT IMAGING AT SWEDISH CANCER INSTITU 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
(10) PHS INVESTMENT TRANSITION PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2279711	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3393740	INVESTMENTS	WA	NA	N/A								
(12) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1532735	INVESTMENTS	WA	NA	N/A								
(13) PHS INVESTMENT TRUST 2016 PRIVATE REAL E 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2960145	INVESTMENTS	WA	NA	N/A								
(14) PHS INVESTMENT TRUST BANK LOANS PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2357735	INVESTMENTS	WA	NA	N/A								

Form 990, Schedule R, Part III - 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) 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	
(31) PHS INVESTMENT TRUST COMMODITIES PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2269004	INVESTMENTS	WA	NA	N/A								
(1) PHS INVESTMENT TRUST HEDGE FUND PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2293255	INVESTMENTS	WA	NA	N/A								
(2) PHS INVESTMENT TRUST LDI PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2392060	INVESTMENTS	WA	NA	N/A								
(3) PHS INVESTMENT TRUST LONG TREASURIES POR 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2385238	INVESTMENTS	WA	NA	N/A								
(4) PHS INVESTMENT TRUST MLP PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2367538	INVESTMENTS	WA	NA	N/A								
(5) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2353569	INVESTMENTS	WA	NA	N/A								
(6) PHS INVESTMENT TRUST PUBLIC EQUITY PORTF 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2283974	INVESTMENTS	WA	NA	N/A								
(7) PHS INVESTMENT TRUST RELATIVE VALUE PORT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2314743	INVESTMENTS	WA	NA	N/A								
(8) PHS INVESTMENT TRUST RISK PARITY PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2336377	INVESTMENTS	WA	NA	N/A								
(9) PHS INVESTMENT TRUST SHORT TERM INVESTME 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2701056	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST TACTICAL TRADING PO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2327491	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2402609	INVESTMENTS	WA	NA	N/A								
(12) PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971	IMAGING DIAG	OR	NA	N/A								
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
(14) PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0918549	NEONATAL CARE	WA	NA	N/A								

Form 990, Schedule R, Part III - 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) Disproprtionate 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	
(46) PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0118807	MEDICAL IMAGING	AK	NA	N/A								
(1) PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	NA	N/A								
(2) PROVIDENCE ST JOSEPH HEALTH LONG TERM P 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3190634	INVESTMENTS	WA	NA	N/A								
(3) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
(4) PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
(5) PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	NA	N/A								
(6) PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
(7) SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
(8) SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	NA	N/A								
(9) ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
(10) ST JOSEPHSATELLITE DIALYSIS CENTERS L 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	NA	N/A								
(11) ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3352570	AMBULATORY SURG	CA	NA	N/A								
(12) SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	NA	N/A								
(13) TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA CA 91356 TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	NA	N/A								
(14) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								

Form 990, Schedule R, Part IV - 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
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
(1) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(2) AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3037172	HEALTHCARE	DE	NA	C-CORP					
(3) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(4) CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(5) DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3070062	IT SVCS	DE	NA	C-CORP					
(6) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3856995	HEALTHCARE	TX	NA	C-CORP					
(7) GRACE CLINIC SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3857067	HEALTHCARE	TX	NA	C-CORP					
(8) HOAG CLINIC (FKA COASTAL MGM SVS ORG) 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831	HEALTHCARE	CA	HMHP	C-CORP			100 000 %	Yes	
(9) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0731587	HEALTHCARE	CA	HMHP	C-CORP			100 000 %	Yes	
(10) LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2578995	INACTIVE	TX	NA	C-CORP					
(11) LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(12) LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3881097	HEALTHCARE	WA	NA	C-CORP					
(13) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
(14) PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					

Form 990, Schedule R, Part IV - 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
(16) PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(1) PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-8194071	CAPTIVE INSURANCE	AZ	NA	C-CORP					
(2) PROVIDENCE HEALTH CARE VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(3) PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(4) PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0122216	INVESTMENT	CA	NA	C-CORP					
(5) ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(6) ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(7) ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(8) VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3943315	INVESTMENT	CA	NA	C-CORP					
(9) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0953654	INVESTMENT	WA	NA	C-CORP					
(10) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) HOAG ORTHOPEDIC INSTITUTE	l	21,038,410	ACCRUAL
(1) HOAG HOSPITAL FOUNDATION	c	21,719,715	ACCRUAL
(2) HOAG HOSPITAL FOUNDATION	j	594,024	ACCRUAL
(3) HOAG HOSPITAL FOUNDATION	q	8,945,958	ACCRUAL
(4) HOAG CLINIC	l	161,895	ACCRUAL
(5) ST JOSEPH HERITAGE HEALTHCARE	b	40,281,747	ACCRUAL