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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

% ANDREW GUARNI
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE HOAG DRIVE BOX 6100

City or town, state or province, country, and ZIP or foreign postal code
NEWPORT BEACH, CA 926586100

F Name and address of principal officer:
ROBERT BRAITHWAITE
ONE HOAG DRIVE BOX 6100
NEWPORT BEACH, CA 926586100

D Employer identification number
95-1643327

E Telephone number
(949) 764-4624

G Gross receipts \$ 1,510,781,313

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HOAG.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1944

M State of legal domicile: CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION AS A NOT-FOR-PROFIT, FAITH- BASED HOSPITAL IS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICES TO THE COMMUNITIES WE SERVE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7,422
6	Total number of volunteers (estimate if necessary)	1,562
7a	Total unrelated business revenue from Part VIII, column (C), line 12	-10,754,042
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,900,474
9	Program service revenue (Part VIII, line 2g)	1,082,620,235
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,816,876
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,231,126
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,126,568,711

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,906,763	11,646,151
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	487,414,249	513,460,338
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	563,746,797	612,682,827
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,062,067,809	1,137,789,316
19	Revenue less expenses. Subtract line 18 from line 12	64,500,902	64,086,372

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,014,922,961
21	Total liabilities (Part X, line 26)	819,247,996
22	Net assets or fund balances. Subtract line 21 from line 20	2,195,674,965

Part II

Signature Block

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

Sign Here

Signature of officer

2020-11-13
Date

ANDREW GUARNI SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00023315
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 18101 VON KARMAN AVE 1700 IRVINE, CA 92612			Phone no. (949) 794-2300	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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 \$ 701,659,089 including grants of \$ 11,646,151) (Revenue \$ 1,184,342,933)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 701,659,089

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 Yes	
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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	733
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

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

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 7,422			
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)? 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).	4a		No	
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			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
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?	12a			
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 720, Schedule N.	15	Yes		
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		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	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	14	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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) 764-4624

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.

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

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

[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)	9,156,426	10,375,706	1,911,126

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 ▶ 987

		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	8,984,963
Newport Critical Care, 17 Emerald Terrace Aliso Viejo, CA 92656	medical services	6,293,602
Greater Newport Physicians, 17360 Brookhurst Fountain Valley, CA 92708	medical services	5,432,491
Renovo Solutions, 4 Executive Circle Ste 185 Irvine, CA 92614	Biomed Services	3,272,654
Emerald Textiles, 1725 Dornoch Court Ste 202 San Diego, CA 92154	Textile rental	3,260,565

<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 ► 113</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					
	d Related organizations	1d	16,874,226				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	137,732				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		17,011,958				
Program Service Revenue	Business Code						
	2a PATIENT SERVICES	622110	1,056,741,220	1,056,741,220	0	0	
	b HMO CAPITATED PAYMENTS	622110	53,843,114	53,843,114	0	0	
	c MOB RENTAL INCOME	531190	37,647,392	37,647,392	0	0	
	d CAFETERIA SALES	722212	4,852,782	4,852,782	0	0	
	e QUALITY ASSURANCE FEE REVENUE	900099	4,712,821	4,712,821	0	0	
	f All other program service revenue.		16,706,019	16,706,019	0	0	
	g Total. Add lines 2a-2f		1,174,503,348				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,408,148			17,408,148	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	301,778,392	85,732			
		b Less: cost or other basis and sales expenses	7b	308,905,625			
		c Gain or (loss)	7c	-7,127,233	85,732		
	d Net gain or (loss)		-7,041,501			-7,041,501	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
		b Less: direct expenses	9b	0			
		c Net income or (loss) from gaming activities		0			
	10aGross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11aINCOME/LOSS FROM PARTNERSHIPS/LLCS		525990	-14,125,596	668,261	-14,793,857	0	
b MISC HOI SERVICES		561110	12,179,454	8,384,868	3,794,586	0	
c MANAGEMENT SERVICES REVENUE		561110	1,269,786	1,100,099	169,687	0	
d All other revenue			670,091	-313,643	75,542	908,192	
e Total. Add lines 11a-11d			-6,265				
12 Total revenue. See instructions			1,201,875,688	1,184,342,933	-10,754,042	11,274,839	

Form 990 (2019)

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	11,646,151	11,646,151		
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, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	5,720,995	377,586	5,343,409	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)	219,795		219,795	0
7 Other salaries and wages	408,317,762	276,604,710	131,713,052	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,825,493	4,834,877	16,990,616	0
9 Other employee benefits	48,778,276	24,403,996	24,374,280	0
10 Payroll taxes	28,598,017	20,031,703	8,566,314	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	6,671,768	2,600	6,669,168	0
c Accounting	311,868	0	311,868	0
d Lobbying	40,340	0	40,340	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	4,453,826	0	4,453,826	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	128,752,278	52,279,127	76,473,151	0
12 Advertising and promotion	8,880,612	26,401	8,854,211	0
13 Office expenses	11,178,809	2,723,235	8,455,574	0
14 Information technology	15,132,673	729,600	14,403,073	0
15 Royalties	0	0	0	0
16 Occupancy	60,417,687	29,706,349	30,711,338	0
17 Travel	399,948	40,829	359,119	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	571,196	251,726	319,470	0
20 Interest	20,040,347	19,843,152	197,195	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	94,344,791	33,085,987	61,258,804	0
23 Insurance	14,861,187	12,971,638	1,889,549	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	156,667,535	155,110,946	1,556,589	0
b QA ASSURANCE FEE	45,241,229	45,241,229	0	0
c LICENSES AND TAXES	7,057,741	4,933,062	2,124,679	0
d ALL OTHER EXPENSES	37,658,992	6,814,185	30,844,807	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,137,789,316	701,659,089	436,130,227	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		31,864,569	1	21,983,726	
	2	Savings and temporary cash investments		114,363,016	2	173,422,634	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		147,957,101	4	156,579,818	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		3,358,004	7	17,734,695	
	8	Inventories for sale or use		6,105,341	8	6,959,077	
	9	Prepaid expenses and deferred charges		14,317,549	9	13,787,555	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,743,095,219			
	b	Less: accumulated depreciation	10b	825,019,854	935,685,190	10c	918,075,365
	11	Investments—publicly traded securities		480,627,555	11	520,931,519	
	12	Investments—other securities. See Part IV, line 11		1,150,592,824	12	1,354,855,707	
	13	Investments—program-related. See Part IV, line 11		12,517,604	13	11,089,002	
	14	Intangible assets		0	14	925,000	
	15	Other assets. See Part IV, line 11		117,534,208	15	276,159,664	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,014,922,961	16	3,472,503,762		
Liabilities	17	Accounts payable and accrued expenses		143,089,136	17	146,246,308	
	18	Grants payable		0	18	0	
	19	Deferred revenue		583,890	19	1,163,662	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		675,574,970	25	797,404,431	
	26	Total liabilities. Add lines 17 through 25		819,247,996	26	944,814,401	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		2,195,594,546	27	2,527,647,636	
	28	Net assets with donor restrictions		80,419	28	41,725	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,195,674,965	32	2,527,689,361	
33	Total liabilities and net assets/fund balances		3,014,922,961	33	3,472,503,762		

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	1,201,875,688
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,137,789,316
3	Revenue less expenses. Subtract line 2 from line 1	3	64,086,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,195,674,965
5	Net unrealized gains (losses) on investments	5	244,234,555
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	23,693,469
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,527,689,361

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 (2019)

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			
RODNEY HOCHMAN MD BD MEMBER/PSJH PRESIDENT/CEO	2.0 63.0	X						0	9,697,491	1,217,351
ROBERT BRAITHWAITE CEO/PRESIDENT/MOB HHF/CEO HC	50.0 9.0			X				1,178,924	0	183,500
FLYNN ANDRIZZI SVP/PRES HHF/BOARD MEMBER HCS	2.0 52.0				X			911,492	0	47,067
JENNIFER MITZNER VP EXEC/CEO HOI/SECRETARY HC	0.0 54.0					X		732,451	0	67,399
JACK COX FORMER SVP/CHIEF QUALITY OFCR	0.0 50.0						X	0	678,215	55,947
ANDREW GUARNI SVP & CFO/PRES HMTS/CFO HC	50.0 4.0			X				695,738	0	32,542
ALLYSON BROOKS MD EXEC DIR MED WOMENS HEALTH	50.0 0.0					X		686,661	0	35,450
JAN BLUE SR VP HUMAN RESOURCES	50.0 0.0				X			675,437	0	23,275
RICHARD MARTIN SVP & CHIEF NURSING OFFICER	50.0 0.0				X			594,591	0	50,944
KRIS V IYER MD VP SR & CAO HMTS/BD CHAIR HMTS	2.0 50.0				X			624,328	0	15,256

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			
MICHAEL BRANT-ZAWADZKI EXECUTIVE MEDICAL DIRECTOR	50.0 0.0					X		584,343	0	26,012
SANFORD SMITH SVP REAL ESTATE & FACILITIES	50.0 0.0				X			577,490	0	27,106
MICHAEL RICKS EXECUTIVE VP/COO (PART YEAR)	50.0 0.0				X			563,797	0	40,682
MARTIN FEE SENIOR VP/CCO	50.0 0.0					X		483,893	0	22,135
MARCY BROWN SVP & CHO	50.0 0.0				X			456,975	0	30,494
NHAT TRAN PRINCIPAL MANAGING AND CMIO	50.0 0.0					X		390,306	0	35,966
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
JOEL KATZ MD SECRETARY	4.0 0.0	X		X				0	0	0
KAREN D LINDEN PAST CHAIR/BDR MBR HOAG CLINIC	2.0 2.0	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			
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 BDR MBR/BDR MBR HOAG CLINIC	2.0 2.0	X						0	0	0
JAMES SHEPHERDSON BOARD MEMBER	2.0 0.0	X						0	0	0
CYNTHIA STOKKE BOARD MEMBER	2.0 0.0	X						0	0	0
GEORGE H WOOD CHAIR/BD MBR HHF/BD MBR HC	5.0 4.0	X		X				0	0	0
DANIEL YOUNG CHAIR ELECT	4.0 0.0	X		X				0	0	0
CHRIS CALLERO BOARD MEMBER	2.0 0.0	X						0	0	0
ERIC ALCOULOU MRE MD BOARD MEMBER	2.0 0.0	X						0	0	0
PAUL HEESCHEN 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			
ROBERT S BRUNSWICK BOARD MEMBER/CHAIR HHF	2.0 5.0	X						0	0	0
VICKI BOOTH BOARD MEMBER	2.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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.

OMB No. 1545-0047

2019

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		40,340
j	Total. Add lines 1c through 1i			40,340
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	130,966,595	136,620,451	126,638,880	124,290,975	135,212,918
b	Contributions	6,011,242	894,423	2,373,258	3,078,867	1,201,607
c	Net investment earnings, gains, and losses	13,990,511	1,598,221	7,539,150	9,732,429	-2,598,457
d	Grants or scholarships					
e	Other expenditures for facilities and programs	7,266,555	8,146,500	-69,163	10,463,391	9,525,093
f	Administrative expenses					
g	End of year balance	143,701,793	130,966,595	136,620,451	126,638,880	124,290,975

2

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

a

Board designated or quasi-endowment ▶ 5.050 %

b

Permanent endowment ▶ 54.890 %

c

Temporarily restricted endowment ▶ 40.060 %

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	85,713,837		85,713,837
b	Buildings	1,046,516,877	448,790,754	597,726,123
c	Leasehold improvements	130,404,051	75,831,507	54,572,544
d	Equipment	401,460,436	300,397,593	101,062,843
e	Other	79,000,018	0	79,000,018
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			918,075,365

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) EQUITY COMMINGLED FUNDS	502,662,959	F
(B) HEDGE FUNDS	476,494,950	F
(C) PRIVATE EQUITY	221,334,391	F
(D) REAL ASSETS	154,363,407	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,354,855,707	

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) RIGHT OF USE ASSETS-OP. LEASE	107,773,985
(2) DUE FROM RELATED ENTITIES	106,795,602
(3) DEPOSITS FOR BLDG PURCHASES	21,100,571
(4) HOSPITAL FEE RECEIVABLE	18,261,556
(5) WORKERS COMP AND PRO LIAB REC.	11,530,947
(6) DEFERRED INCOME GUARANTEE	10,697,003
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	276,159,664

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	797,404,431

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FOOTNOTE FROM THE HOAG MEMORIAL HOSPITAL PRESBYTERIAN CONSOLIDATED FINANCIAL STATEMENTS FO R THE YEAR ENDED 12/31/2019 ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CLA RIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-TH ROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS , INTEREST OR PENALTIES WAS ACCRUED AT DECEMBER 31, 2019 AND 2018.

SCHEDULE F (Form 990)	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
		2019
		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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			638,306,534
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			638,306,534

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[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, 2019.

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	0	0	Investments		617,740,273
Europe (Including Iceland and Greenland)	0	0	Investments		18,862,599

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	0	0	Investments		1,703,662

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

2019

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: <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: <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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)			7,294,953	0	7,294,953	0.620 %
b Medicaid (from Worksheet 3, column a)			123,387,055	78,337,683	45,049,372	3.860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,378	0	8,378	0 %
d Total Financial Assistance and Means-Tested Government Programs			130,690,386	78,337,683	52,352,703	4.480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,773,317	0	3,773,317	0.320 %
f Health professions education (from Worksheet 5)			34,840	0	34,840	0 %
g Subsidized health services (from Worksheet 6)			117,709	0	117,709	0.010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,804,770	0	11,804,770	1.010 %
j Total. Other Benefits			15,730,636	0	15,730,636	1.350 %
k Total. Add lines 7d and 7j			146,421,022	78,337,683	68,083,339	5.830 %

Part II

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

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

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

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

301,424,379

6 Enter Medicare allowable costs of care relating to payments on line 5

6

198,600,578

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

7

102,823,801

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:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

9a

Yes

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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %		44 %
2 MAIN ST SPEC SURGERY	OUTPATIENT SURGERY CENTER	25.4 %		16.95 %
3 NWPT BCH RADIOSRGY	SURGERY CENTER	50 %		50 %
4 NWPT SURGICAL PRNTS	SURGERY CENTER	63.53 %		25 %
5 NWPT BAY SURGERY CTR	SURGERY CENTER	47.37 %		41.17 %
6 CA SPECIALTY SURGERY	SURGERY CENTER	0.183 %		42.8 %
7 DIAG AND INTVTNL	SURGERY CENTER	15 %		51 %
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
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>19</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? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	10	Yes
a		
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 200. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
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 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? 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):	15 Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SECTION C		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C		
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 checked="" 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 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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
22		
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, 20a, 20b, 20c, 20d, 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? **8**

Name and address	Type of Facility (describe)
1 Irvine Endoscopy Partners LLC One Hoag Drive Newport Beach, CA 92663	outpatient surgery center
2 Main St Specialty Surgery Center 280 Main Street 100 Orange, CA 92660	outpatient surgery center
3 Orthopedic Surgery Center of OC 22 Corporate Plaza Dr Ste 150 Newport Beach, CA 92660	outpatient orthopedic 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 Diagnostic & Interventional Surgical Ctr 13160 Mindanao Way Ste 150 Marina Del Rey, CA 90292	outpatient surgery center
7 Irvine Surgical Partners LLC One Hoag Drive Newport Beach, CA 92663	outpatient surgery center
8 Newport Imaging Center 360 San Miguel Newport Beach, CA 92660	Imaging center
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 PATIENTS 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 \$301,424,379 AND \$198,600,578, RESPECTIVELY. THIS RESULTED IN A COST-TO-CHARGE RATIO OF APPROXIMATELY 151.8% 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. SCHEDULE H, PART III, LINE 2 HMHP ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE 2014-09 TOPIC 606 (ASU 606) EFFECTIVE JANUARY 1, 2018. ASU 606 AND THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) DIFFERENTIATE BAD DEBT FROM IMPLICIT PRICE CONCESSIONS. ACCORDINGLY, HMHP NO LONGER SEPARATELY PRESENTS A PROVISION FOR BAD DEBTS ON THE STATEMENT OF OPERATIONS OR THE RELATED ALLOWANCE FOR BAD DEBTS ON THE BALANCE SHEET.

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 12/31/2019 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 HMHP CONDUCTED A NEW 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPED A RELATED IMPLEMENTATION STRATEGY WHICH WERE ADOPTED NOVEMBER 5-6, 2020. PRIORITIZED NEEDS FROM THIS CHNA WILL BE USED TO PLAN AND EVALUATE PROGRAMMING FOR 3 YEARS, 2020-2022. A DESCRIPTION OF HOW THEY ARE BEING ADDRESSED WILL BE PROVIDED WITH THE SCHEDULE H EACH TAX YEARS. HMHP'S 2019 CHNA AND 2020-2022 IMPLEMENTATION STRATEGIES MAY BE VIEWED ONLINE AT: HTTPS://WWW.HOAG.ORG/ABOUT-HOAG/COMMUNITY-BENEFIT/REPORTS 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 AND IS ALSO AN ACTIVE MEMBER OF THE BE WELL ORANGE COUNTY PARTNERSHIP WHICH ALLOWS FOR CONTINUOUS ASSESSMENT OF MENTAL HEALTH NEEDS, GAPS AND OPPORTUNITIES FOR THE COUNTY. THE DIRECTOR OF COMMUNITY BENEFIT ALSO COFOUNDED THE COMMUNITY SUICIDE PREVENTION INITIATIVE WITH THE GOAL OF INCREASING AWARENESS AND ACCESSIBILITY TO AVAILABLE RESOURCES, HOSTING COMMUNITY EDUCATIONAL EVENTS, AND REDUCING SUICIDE IN ORANGE COUNTY. COMMUNITY BENEFIT STAFF ALSO HOLD A SEAT WITH THE ORANGE COUNTY HEALTH CARE AGENCYS HEALTH IMPROVEMENT PARTNERSHIP AND ORANGE COUNTY GRANTMAKERS WHICH BRINGS TOGETHER VARIOUS HEALTH RELATED ORGANIZATIONS AND PHILANTHROPIC FUNDERS 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 VARIOUS CITY OFFICIALS IN ORANGE COUNTY WHICH ALLOWS HOAG TO BE ENGAGED AND COLLABORATE ON ISSUES THAT ARISE. OUR ROBUST COMMUNITY BENEFIT GRANTS PROGRAM ALSO PROVIDES US WITH A LENS INTO COMMUNITY NEED AS WE INTERFACE WITH OVER 975 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>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION HOAG'S COMMUNITY, AS DEFINED FOR THE PURPOSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES 53 ZIP CODES SPANNING 27 CITIES AND UNINCORPORATED COMMUNITIES IN BOTH ORANGE COUNTY AND LOS ANGELES COUNTY (ONE ZIP CODE IS LOCATED IN LONG BEACH). 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 1,991,457 PEOPLE. POPULATION ORANGE COUNTY IS THE 47TH LARGEST COUNTY IN CALIFORNIA IN TERMS OF GEOGRAPHIC AREA. IN 2018, THE ORANGE COUNTY POPULATION WAS 3.16 MILLION PEOPLE (3,164,182). BETWEEN 2013 AND 2018, THE TOTAL POPULATION OF ORANGE COUNTY INCREASED BY 112,411, WHICH INDICATES A POPULATION GROWTH RATE OF 3.7% DURING THE FIVE-YEAR PERIOD. IN GENERAL, ORANGE COUNTY'S POPULATION GROWTH RATE IS COMPARABLE TO THE STATE POPULATION GROWTH OF 3.9%. TABLE 4 OF THE 2019 CHNA PROVIDES FURTHER DETAILS. GENDER FROM THE TOTAL ORANGE COUNTY POPULATION, HOAG HOSPITAL SERVES APPROXIMATELY 2M PEOPLE (1,977,308). FEMALES COMPRISED A SLIGHTLY HIGHER PERCENTAGE (51%) OF THE TOTAL POPULATION SERVED BY HOAG HOSPITAL COMPARED TO MALES (50%). THESE NUMBERS ARE SIMILAR ACROSS ORANGE COUNTY AND CALIFORNIA. AGE IN 2018, THE MEDIAN AGE OF ORANGE COUNTY RESIDENTS WAS 38 YEARS. IT IS EXPECTED THAT THE ADULT POPULATION 18 YEARS AND OLDER WILL INCREASE BY 4.4% (107,213) BY 2023 (0.9% GROWTH RATE PER YEAR). THE AGE DISTRIBUTION OF THE HOAG SERVICE AREA IS 22% CHILDREN AND YOUTH, 64% ADULTS, AND 14% SENIORS 65 AND OLDER. TABLE 5 OF THE 2019 CHNA DETAILS THE AGE DISTRIBUTION OF COMMUNITY MEMBERS IN THE HOAG SERVICE AREA COMPARED TO ORANGE COUNTY AND CALIFORNIA. THE SENIOR POPULATION IN THE HOAG SERVICE IS COMPARABLE ACROSS ORANGE COUNTY AND CALIFORNIA IN GENERAL (14% RESPECTIVELY). THE PERCENTAGE OF YOUTH AND YOUNG ADULTS IS SLIGHTLY LOWER COMPARED TO THE COUNTY AND STATE LEVEL. RACE AND ETHNICITY IN 2018, THE THREE MAJOR RACIAL AND ETHNIC GROUPS IN THE HOAG SERVICE AREA WERE: CAUCASIANS (64%), HISPANIC/LATINOS (31%), AND ASIANS (22%). THESE FIGURES ARE LOWER THAN THE PROPORTION OF THE POPULATION IN ORANGE COUNTY PERTAINING TO THESE RACIAL AND ETHNIC GROUPS EXCEPT FOR BLACK OR AFRICAN AMERICANS (2%). TABLE 6 OF THE 2019 CHNA DISPLAYS THE RACE AND ETHNICITY PROPORTIONS OF HOAG, ORANGE COUNTY, AND CALIFORNIA. LANGUAGE THE U.S. CENSUS BUREAU DEFINES THOSE WITH "LIMITED ENGLISH" AS THE POPULATION 5 YEARS AND OLDER WHO SPEAK ENGLISH "LESS THAN VERY WELL." THE PERCENTAGE OF THE POPULATION IN THE HOAG SERVICE AREA WHO FALL WITHIN THIS CATEGORY OF ENGLISH PROFICIENCY IS 18%, WHICH IS SLIGHTLY COMPARABLE TO THAT OF THE COUNTY (18%). FROM THOSE WITH LIMITED ENGLISH SKILLS, THE PREDOMINANT LANGUAGE WITHIN THE HOAG SERVICE AREA IS SPANISH (53%), FOLLOWED BY ASIAN AND PACIFIC ISLANDER LANGUAGES (39%). SEE TABLE 8 OF THE 2019 CHNA. HOUSEHOLD SIZE AND MEDIAN HOUSEHOLD INCOME THERE ARE A TOTAL OF 676,685 OCCUPIED HOUSING UNITS IN THE SERVICE AREA OF WHICH 32% ARE 2 PERSON HOUSEHOLDS, WHICH IS COMPARABLE TO THE COUNTY STATES OF 31% (TABLE 9). IN GENERAL, THE AVERAGE HOUSEHOLD SIZE IN THE HOAG SERVICE AREA IS 2.84 WHICH IS SLIGHTLY LOWER THAN THE AVERAGE HOUSEHOLD SIZE IN THE COUNTY (3.02) AND THE STATES AVERAGE (2.96). ONE OF THE MOST INFLUENTIAL SOCIAL DETERMINANTS OF HEALTH IS INCOME. A HOUSEHOLD'S INCOME WILL DETERMINE A FAMILY'S ABILITY AND RESOURCES TO ACCESS HEALTH CARE OR CONTINUE RECEIVING IT. POVERTY AS OF 2018, 11% OF THE HOAG SERVICE AREA POPULATION WAS LIVING 100% BELOW THE FEDERAL POVERTY LEVEL WHICH WAS COMPARABLE TO THAT OF THE COUNTY IN (11%) AND STATE (12%). IN THE HOAG SERVICE AREA, 29% OF THE POPULATION UNDER 18 YEARS WERE LIVING BELOW 100% THE FEDERAL POVERTY LEVEL. ADDITIONALLY, DATA OUTLINED IN THE 2019 - AN EQUITY PROFILE OF ORANGE COUNTY REPORT FOUND THAT PEOPLE OF COLOR ARE MORE LIKELY TO BE IN POVERTY OR AMONG THE WORKING POOR. POVERTY WAS FOUND TO BE HIGHEST AMONG LATINOS AND NATIVE AMERICANS; WITH LATINOS HAVING THE HIGHEST SHARE OF WORKING POOR. FOR MORE DETAILS ON THIS INFORMATION, PLEASE REFER TO THE 2019 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 REGIONAL HOSPITAL AND MEDICAL CENTER - 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	- ST. JUDE MEDICAL CENTER FULLERTON - UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE - WESTERN MEDICAL CENTER - SANTA ANA

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 UNDERINSURED 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 NONPROFIT ORGANIZATIONS WHICH ALLOWS THEM TO BE ACTIVELY ENGAGED WITH THE COMMUNITY AND PROVIDE SUPPORT AND STRATEGIC DIRECTION. - HOAG HOSPITAL AND SHARE OURSELVES CORPORATION (SOS) HAVE NURTURED A UNIQUE PARTNERSHIP SINCE 1984. THIS LONG-STANDING RELATIONSHIP BETWEEN SOS AND HOAG HAS ENSURED PRIMARY CARE SERVICES FOR THE MOST VULNERABLE WITH STRATEGIC GOALS THAT WORK TO IMPROVE THE OVERALL WELL-BEING OF OUR SHARED COMMUNITY. THIS COLLABORATIVE PARTNERSHIP HAS ENABLED AN INCREASED ACCESS TO PRIMARY CARE ALLOWING FOR TIMELY, EFFICIENT, AND QUALITY HEALTH CARE FOR THOSE IN NEED AS WELL AS REDUCED UTILIZATION OF EMERGENCY DEPARTMENT DUE TO ACCESS FOR MEDICAL CARE AT SOS. - HOAG HOSPITAL ALSO MAINTAINS A UNIQUE RELATIONSHIP WITH THE ALZHEIMER'S FAMILY CENTER (AFC) 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 AFC 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. - 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 CY2019 AMOUNTED TO OVER \$67 MILLION. THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING (MHSCHL) IS A ROBUST ONE-STOP SHOP OF INTERCONNECTED AND SUPPORTIVE SERVICES THAT PROMOTE HEALTH AND WELL-BEING. THE CENTER HOUSES A WIDE VARIETY OF NON-PROFIT PARTNER AGENCIES AND THE PROGRAMS THAT ADDRESS KEY ISSUES AFFECTING THE HEALTH OF OUR 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 TEAM. THIS TEAM ASSURES THAT ALL CLIENTS 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 CLIENTS PROGRESSION THROUGH THE REFERRAL PROCESS. THIS YEAR THIS COLLABORATIVE WAS ABLE TO PROVIDE THE FOLLOWING SERVICES TO INDIVIDUALS AND FAMILIES: LIFE SKILLS AND YOUTH SUPPORT SERVICES - 405 INDIVIDUALS WERE CPR CERTIFIED. THIS HELPED FOR JOB SECURITY AND JOB PLACEMENT FOR SEVERAL NANNIES, CHILD CARE WORKERS, AND PRESCHOOL TEACHERS - 698 ADULTS PARTICIPATED IN CIELOS ENTREPRENEURSHIP/JOB READINESS CLASSES - 125 SINGLE PARENTS RECEIVED SERVICES WITH PROJECT SELF-SUFFICIENCY - 156 HOMELESS INDIVIDUALS AND/OR FAMILIES RECEIVED SERVICES THROUGH

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>H SPIN (SERVING PEOPLE IN NEED) - 1,722 ENCOUNTERS FOR GIRLS INCS AFTER SCHOOL HOMEWORK AND STEM ACTIVITIES (BOYS AND GIRLS) HEALTH DRIVEN CLASSES FOCUSING ON IMPROVED HEALTH AND DECREASE IN OBESITY - 7,311 ENCOUNTERS FOR YOGA, ZUMBA AND OTHER FITNESS CLASSES - 297 ENCOUNTERS FOR CHILDREN PARTICIPATED IN BALLET CLASSES - 1650 ENCOUNTERS FOR CHILDREN PARTICIPATED IN AMIGITOS/ZUMBINI - 199 CHOC PODER CLASSES - 896 ENCOUNTERS FOR YOUTH HIP HOP EDUCATION AND SUPPORT TO INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL ILLNESS - 1,007 INDIVIDUALS PARTICIPATED IN A NAMI CLASS/SUPPORT GROUP - 9,338 INDIVIDUALS HAD A COMMUNITY ENCOUNTER WITH A PROMOTORA - 462 INDIVIDUALS WERE EITHER VISITED AT HOME OR MET WITH A PROMOTORA ON SITE TO DISCUSS MENTAL HEALTH SERVICES LEGAL AID AND REPRESENTATION - 419 INDIVIDUALS HAVE RECEIVED LEGAL CONSULTATION OR REPRESENTATION FROM THE PUBLIC LAW CENTER, FOCUSING ON FAMILY LAW DIVORCE, DV, CHILD CUSTODY ETC. PROFESSIONAL DEVELOPMENT TRAININGS APPROXIMATELY 1,163 PROFESSIONALS PARTICIPATED IN THE FOLLOWING TRAININGS HOSTED BY THE MHSCHL. - EMDR PART I AND II - ADVERSE CHILDHOOD EXPERIENCES - MENTAL HEALTH FIRST AID - NUTRITION AND MENTAL HEALTH DISORDERS - LAW AND ETHICS - SOCIAL WORK AND ME ANNUAL HEALTH FAIR - 500 INDIVIDUALS INCLUDING ADULTS AND CHILDREN PARTICIPATED AND RECEIVED VARIOUS SERVICES INCLUDING; MENTAL HEALTH RESOURCES, FLU SHOTS, DENTAL CLEANING, BLOOD PRESSURE, 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, 351 INDIVIDUALS REPRESENTED THE IR AGENCIES AND NETWORKED WITH OTHER NONPROFIT ORGANIZATIONS IN THE COUNTY. THE MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING ALSO HOUSES THE NEWPORT MESA FAMILY RESOURCE CENTER (NM FRC) WHICH PROVIDES FAMILIES WITH ACCESS TO A BROAD RANGE OF COMPREHENSIVE SERVICES ULTIMATELY ENHANCING AND EXPANDING HEALTH PROMOTION EFFORTS IN THE COMMUNITY. FAMILIES CAN ACCESS THE FOLLOWING "CORE SERVICES," WHICH HAVE BEEN DESIGNED BASED ON BEST PRACTICES: - COUNSELING - PARENTING EDUCATION - FAMILY SUPPORT SERVICES - DOMESTIC VIOLENCE PERSONAL EMPOWERMENT PROGRAM - INFORMATION AND REFERRAL SERVICES - COMPREHENSIVE CASE MANAGEMENT SERVICES - OUT OF SCHOOL TIME YOUTH PROGRAMS - FAMILY REUNIFICATION FAMILY FUN ACTIVITIES - ADOPTION AND PROMOTION SERVICES</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 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, 1,085 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 Irvine, CA 92618 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, LINES 4 AND 8 HOAG MEMORIAL HOSPITAL PRESBYTERIAN COMPLETED A CHNA PRIOR TO ITS JUNE 30, 2017 YEAR END. DURING 2017, HOAG MEMORIAL HOSPITAL PRESBYTERIAN CHANGED ITS TAX YEAR END FROM JUNE 30 TO DECEMBER 31 IN 2017. AS A RESULT OF THIS CHANGE, A SHORT PERIOD TAX RETURN WAS FILED FOR THE PERIOD JULY 1, 2017 TO DECEMBER 31, 2017. HOAG MEMORIAL HOSPITAL PRESBYTERIAN ADOPTED A CHNA FOR TAX YEAR 2019 AND WHILE ALL OF THE STEPS WERE COMPLETED PRIOR TO THE FILING OF THIS RETURN, THEY WERE NOT COMPLETED BY DECEMBER 31, 2019. THE COMPLETION OF THE CHNA AFTER DECEMBER 31, 2019 IS NOT AN IRC 501(R) FAILURE PURSUANT TO SECTION 1.501(R)-2(B) OF THE REGULATIONS BECAUSE IT WAS MINOR, INADVERTENT AND DUE TO REASONABLE CAUSE, AND HAS BEEN CORRECTED. IT WAS MINOR BECAUSE IT WAS A SINGLE TIMING ERROR BY A FILING ORGANIZATION OTHERWISE COMPLIANT WITH SECTION 501(R). IT WAS INADVERTENT AND DUE TO REASONABLE CAUSE BECAUSE THE SAME ERROR HAS NOT BEEN MADE PREVIOUSLY AND THE FILING ORGANIZATION HAS AN ESTABLISHED PROCESS FOR COMPLETING CHNAs. HOAG MEMORIAL HOSPITAL PRESBYTERIAN IS AFFILIATED WITH A LARGE HEALTH SYSTEM WHERE THE COMPLETION OF THE CHNA IS COORDINATED ON A SYSTEM-WIDE LEVEL BY A TEAM DEDICATED TO COMMUNITY HEALTH IMPROVEMENT. IT HAS BEEN CORRECTED THROUGH THE COMPLETION OF THE CHNA PRIOR TO FILING THE 2019 FORM 990 AND BY MAKING THE RESULTS OF THE 2019 CHNA WIDELY AVAILABLE. SCHEDULE H, PART V, SECTION B, LINE 5 INPUT FROM COMMUNITY REPRESENTATIVES TARGETED INTERVIEWS, SURVEY TOOLS, AND FOCUS GROUPS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY HOAG MEMORIAL HOSPITAL PRESBYTERIAN. HOAG UTILIZED A MIXED-METHODS APPROACH TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING DATA SOURCES INFORMED THIS REPORT: - KEY STAKEHOLDER INTERVIEWS (KSIs). SEMI-STRUCTURED INTERVIEWS WERE CONDUCTED WITH 21 INDIVIDUALS. INTERVIEWEES WERE SELECTED IN COLLABORATION WITH HOAG HOSPITAL COMMUNITY BENEFIT STAFF. INTERVIEWS WERE CONDUCTED TO OBTAIN INFORMATION ABOUT THE HEALTH NEEDS OF ORANGE COUNTY RESIDENTS FROM A SYSTEMS-LEVEL PERSPECTIVE. PARTICIPATING INTERVIEWEES REPRESENTED THE FOLLOWING: HEALTH EDUCATORS/SERVICE PROVIDERS, MEDICAL RESEARCH, EXECUTIVE DIRECTORS/CEOs OF COMMUNITY ORGANIZATIONS, LOCAL FUNDING AGENCIES, HEALTH SERVICES COORDINATORS, COUNTY HEALTH OFFICER, COUNTY PUBLIC HEALTH NURSE, MENTAL HEALTH SPECIALISTS, AND CITY OFFICIALS. INTERVIEWEES PROVIDED INFORMATION ABOUT: (1) HEALTH PRIORITIES; (2) CAUSES AND CONTRIBUTING FACTORS OF POOR HEALTH; (3) ACCESS TO AND AVAILABILITY OF SERVICE PROVISION; (4) THEIR STRENGTHS AS SERVICE PROVIDERS; AND (5) RECOMMENDATIONS AND STRATEGIES FOR IMPROVING THE PROVISION OF HEALTH SERVICES TO ORANGE COUNTY RESIDENTS. - PROVIDER SURVEY. THE PROVIDER SURVEY WAS DEVELOPED AND ADMIN</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	<p>ISTERED ONLINE BY EVALCORP DURING MARCH AND APRIL 2020 TO INDIVIDUALS AT OVER 170 ORGANIZA TIONS/DEPARTMENTS THAT PROVIDE OR FUND HEALTH SERVICES TO COMMUNITY MEMBERS. THE SURVEY WA S DISTRIBUTED TO A WIDE RANGE OF COUNTY, PRIVATE, AND NON-PROFIT AGENCIES WHO SERVE RESIDE NTS OF ORANGE COUNTY. DURING THE TWO-MONTH SURVEY ADMINISTRATION TIMEFRAME, A TOTAL OF 140 RESPONSES WERE COLLECTED AND USED FOR ANALYSIS. THE PURPOSE OF THE SURVEY WAS TO OBTAIN P ROVIDERS PERSPECTIVES AND EXPERIENCES REGARDING PRIORITY HEALTH NEEDS, AND THE AVAILABILTY AND PROVISION OF HEALTH SERVICES THROUGHOUT ORANGE COUNTY. - COMMUNITY MEMBER SURVEY. TH E COMMUNITY SURVEY WAS DEVELOPED BY EVALCORP AND DISTRIBUTED ONLINE FROM JULY 1 THROUGH AU GUST 10, 2020 TO COMMUNITY MEMBERS VIA 18 COMMUNITY-BASED AGENCIES. THE SURVEY WAS DISTRIB UTED THROUGH A WIDE RANGE OF COUNTY, PRIVATE, AND NON-PROFIT AGENCIES WHO SERVE RESIDENTS OF ORANGE COUNTY. DURING THE FIVE-WEEK SURVEY ADMINISTRATION TIMEFRAME, A TOTAL OF 548 RES PONSES WERE COLLECTED. - FOCUS GROUPS. FOCUS GROUPS WERE CONDUCTED TO ASSESS CURRENT MENTA L AND BEHAVIORAL HEALTH NEEDS, ACCESS TO CARE, AVAILABILITY OF EXISTING RESOURCES, AND NEE DS CAN BE ADDRESSED WITHIN ORANGE COUNTY. ALL FOCUS GROUPS USED A SEMI-STRUCTURED PROTOCOL AND WERE FACILITATED IN ONE OF THE FOLLOWING LANGUAGES: SPANISH, ENGLISH, VIETNAMESE, OR CAMBODIAN (KHMER). FOCUS GROUPS WERE PURPOSIVELY SAMPLED TO REPRESENT A VARIETY OF AGES FR OM YOUTH TO OLDER ADULTS, RACE/ETHNICITIES, AND VULNERABLE OR UNDERSERVED POPULATIONS (E.G ., LGBTQ+ AND VETERANS). EIGHT FOCUS GROUPS WERE SUCCESSFULLY CONDUCTED WITH A TOTAL OF 54 PARTICIPANTS IN ATTENDANCE ACROSS THE EIGHT SESSIONS. TABLE 2 OF THE 2019 CHNA PROVIDES F URTHER DETAILS ABOUT EACH OF THE FOCUS GROUPS. THE FOLLOWING COMMUNITY PARTNERS/ORGANIZATI ONS ASSISTED US THROUGHOUT THE DATA COLLECTION PROCESS: - ACCESS CALIFORNIA SERVICES - ALZ HEIMERS FAMILY CENTER - AMERICAN LEGION - CALOPTIMA - CAMBODIAN FAMILY - COMMUNITY HEALTH INITIATIVES OF ORANGE COUNTY - COUNCIL ON AGING - FIRST 5 ORANGE COUNTY - GIRLS INC. - HUM AN OPTIONS - ILLUMINATION FOUNDATION - JAMBOREE HOUSING - KIDS HEALTHY - MOMS ORANGE COUNT Y - NAMI - NEWPORT MESA UNIFIED SCHOOL DISTRICT HOPE CLINIC - OMID MULTICULTURAL INSTITUTE FOR DEVELOPMENT (OMID) - ORANGE COUNTY ASIAN PACIFIC ISLANDER COMMUNITY ALLIANCE - ORANGE COUNTY HUMAN RELATIONS - ORANGE COUNTY MECCA - ORANGE COUNTY UNITED WAY - ORANGE COUNTY W OMENS HEALTH PROJECT - RADIANT HEALTH CENTERS - SECOND HARVEST FOOD BANK - SHARE OURSELVES - UNIVERSITY OF CALIFORNIA, IRVINE</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 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/ SCHEDULE H, PART V, SECTION B, LINE 9 HOAG MEMORIAL HOSPITAL PRESBYTERIAN IS IN PROCESS OF PREPARING THE IMPLEMENTATION STRATEGY RELATED TO THE 2019 CHNA. THE IMPLEMENTATION STRATEGY WILL BE COMPLETED BY 12/31/2020, IN ACCORDANCE WITH IRS NOTICE 2020-56.

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 EOPLE 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: 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 FOR 2018-2020: 1. ACCESS TO CARE 2. ECONOMIC SECURITY 3. MEN TAL HEALTH 4. PREVENTION OF CHRONIC DISEASE AND MANAGEMENT IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THA</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	<p>T EMERGED FROM THE CHNA PROCESS, HOAG MEMORIAL HOSPITAL PRESBYTERIAN DETERMINED THAT IT CO ULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, A ND MOST WITHIN ITS ABILITY TO INFLUENCE. HEALTH PRIORITIES NOT CHOSEN FOR ACTION SUBSTANCE ABUSE: SUBSTANCE ABUSE TREATMENT FOR THE VULNERABLE POPULATION IS CURRENTLY BEING ADDRESS ED ON A LIMITED SCALE BY THE CHEMICAL DEPENDENCY PROGRAM AT HOAG. HOAG'S ASPIRE PROGRAM IN CLUDES ADOLESCENCE AND THIS INTENSIVE OUTPATIENT PROGRAM PROVIDES PSYCHOTHERAPY, PSYCHIATR Y, AND SOCIALIZATION FOR CLIENTS WITH A HIGHER MENTAL HEALTH DISORDER ACUITY. CY2019 CHNA PRIORITY AREAS: ACCOMPLISHMENTS/OUTCOMES ACCESS TO CARE - PROVIDED \$1,085,000 IN GRANT FUN DING TO ORGANIZATION PROVIDING PROGRAMS AND SERVICES TO INCREASE ACCESS TO CARE (CB GRANTS). - PROVIDED \$2,747,426 IN FUNDING TO SUPPORT CLINICAL CARE THAT SERVE PEDIATRICS THROUGH SENIORS (AFC, CHOC, SOS). ECONOMIC SECURITY - PROVIDED \$2,178,000 IN GRANT FUNDING TO ORG ANIZATIONS PROVIDING PROGRAMS AND SERVICES TO ALLEVIATE ECONOMIC INSECURITY: HOUSING, HOME LESSNESS, AND TRANSPORTATION. MENTAL HEALTH - DURING CY 2019, HOAG'S MENTAL HEALTH CENTER EMPLOYED SIX FULL-TIME, ONE PART TIME AND TWO PER DIEM BILINGUAL MASTER'S PREPARED SOCIAL WORKERS, 5 OF THE STAFF ARE LICENSED. THE MHC PROVIDED \$1,113,923 IN PROGRAMS AND SERVICES TO THE LOW INCOME AND VULNERABLE COMMUNITY. - THESE SOCIAL WORKERS PROVIDED MENTAL HEALTH SERVICES TO 723 CLIENTS IN THE FORM OF PSYCHOTHERAPY. RESOURCE BROKERING, AND/OR CASE MAN AGEMENT WAS PROVIDED TO 129 INDIVIDUALS. - THE PROGRAM OFFERED PSYCHOTHERAPEUTIC, PSYCHO E DUCATIONAL GROUPS AND COMMUNITY PRESENTATIONS WHICH RESULTED IN 805 ENCOUNTERS. - THE MHC ALSO PROVIDED PROFESSIONAL DEVELOPMENT TRAININGS TO MENTAL HEALTH PROFESSIONALS FOR FREE - A SAMPLING OF THE TRAININGS OFFERED INCLUDED: ASSIST FOR SUICIDE ASSESSMENT AND INTERVENT ION, DIALECTICAL BEHAVIOR THERAPY TRAINING, CRITICAL INCIDENT STRESS MANAGEMENT TRAINING, NAMI PROVIDER TRAINING AND LAW AND ETHICS. THE NUMBER OF PROFESSIONALS TRAINED FOR CY 2019 WAS 1,511. - PROVIDED \$725,000 IN GRANT FUNDING TO ORGANIZATIONS PROVIDING MENTAL HEALTH PROGRAMS AND SERVICES TO THE COMMUNITY. - PROVIDED \$4,000,000 IN FUNDING FOR THE DEVELOPME NT OF A REGIONAL CRISIS STABILIZATION UNIT FOR THOSE EXPERIENCING MENTAL AND BEHAVIORAL HE ALTH ISSUES IN ORANGE COUNTY. PREVENTION OF CHRONIC DISEASE AND MANAGEMENT - DURING CY 201 9, HOAG'S HEALTH MINISTRIES PROGRAM WELCOMED 3 NEW CHURCHES AND 1 MUSLIM SCHOOL, BRINGING A TOTAL TO 50 FAITH BASED PARTNERSHIPS WITHIN ORANGE COUNTY. - THE HEALTH MINISTRIES PROGR AM ALSO CONDUCTED A VARIETY OF EDUCATIONAL AND OUTREACH EFFORTS INCLUDING THE SPIRITUALLY BASED ALZHEIMER'S EDUCATION CLASSES SERVING OVER 120 INDIVIDUALS, HOSTING SUPPORT GROUPS, AND HOSTING THE FOUNDATIONS OF FAITH COMMUNITY NURSING FOUNDATIONS COURSE. - THE FAITH COM MUNITY NURSES (FCN) ADMINISTERED AND HOSTED: - 9,047 FLU VACCINE DOSES TO FAITH MEMBERS/CO MMUNITY AMOUNTING TO ABOUT \$28</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	1,000 - AED/CPR TRAININGS TO 225 INDIVIDUALS - BLOOD PRESSURE SCREENINGS AND WELLNESS EDUCATION TO 887 INDIVIDUALS - BLOOD DRIVES TO COLLECT APPROXIMATELY 441 UNITS OF DONATED BLOOD - PROVIDED \$652,000 IN GRANT FUNDING TO ORGANIZATIONS PROVIDING PROGRAMS AND SERVICES IN THE AREA OF CHRONIC DISEASE AND MANAGEMENT. - HOAG'S PROJECT WIPEOUT PROGRAM PROVIDED \$112,150 IN EDUCATIONAL OUTREACH AND PROGRAMS AT SCHOOLS AND COMMUNITY EVENTS TO EDUCATE AROUND BEACH AND WATER SAFETY AND DROWNING PREVENTION. - PROJECT WIPEOUT HOSTED THE ANNUAL LIFEGUARD EDUCATION SYMPOSIUM, WITH OVER 375 ATTENDEES, WHICH INCLUDED LIFEGUARDS AND FIRE PERSONNEL FROM ALL OVER ORANGE COUNTY. CY 2019 MARKED THE EXPANSION OF LIVE STREAMING THE CONFERENCE TO DIFFERENT SITES GAINING AN ADDITIONAL 125 LIFEGUARDS AND LIFE-SAVING PERSONNEL .

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/BILLING-AND-INSURANCE /FINANCIAL-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/BILLING-AND-INSURANCE /FINANCIAL-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/BILLING-AND-INSURANCE /FINANCIAL-ASSITANCE/

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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 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 ▶ 70

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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)	15,400				
ACCESS CALIFORNIA SERVICES 631 SOUTH BROOKHURST STREET ANAHEIM, CA 92804	33-0826205	501(c)(3)	70,000				

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 BLDG A STE 2000 LAGUNA WOODS, CA 92637	93-1163563	501(c)(3)	50,000				
AIDS SERVICE FOUNDATION 17982 SKY PARK CIRCLE J IRVINE, CA 92614	33-0126481	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
ALZHEIMER'S FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 92646	95-3463978	501(c)(3)	1,163,084				
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	95-3702013	501(c)(3)	11,500				

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
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY 1801 E EDINGER AVE STE 100 SANTA ANA, CA 92705	95-1992702	501(c)(3)	50,000				
BRACKEN'S KITCHEN 9643 TURTLODOVE AVE FOUNTAIN VALLEY, CA 26708	46-2633171	501(c)(3)	5,332				

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
BUILD FUTURES 18822 BEACH BLVD21 HUNTINGTON BEACH, CA 92648	90-0629740	501(c)(3)	25,000				
CASA TERESA INC PO BOX 429 ORANGE, CA 92856	95-3251986	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
CATHOLIC CHARITIES OF OC 1820 E 16TH STREET SANTA ANA, CA 92701	95-3031389	501(c)(3)	25,000				
CHARITABLE VENTURES OF ORANGE COUNTY INC 4041 MACARTHUR STE 510 NEWPORT BEACH, CA 92660	20-8756660	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
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 50 S ANAHEIM BLVD 241 ANAHEIM, CA 92805	95-1690975	501(c)(3)	25,000				
CHILDRENS HOSPITAL ORANGE COUNTY (CHOC) 455 S MAIN ST ORANGE, CA 92868	95-2321786	501(c)(3)	789,342				

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
CHOC FOUNDATION 455 S MAIN ST ORANGE, CA 92868	95-6097416	501(c)(3)	80,000				
CITY OF COSTA MESA PO BOX 1200 695 W 19TH ST COSTA MESA, CA 92627	95-6005030	GOVT	75,000				

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
CITY OF HUNTINGTON BEACH 1718 ORANGE AVE HUNTINGON BEACH, CA 92648	95-6000723	GOVT	155,000				
CITY OF NEWPORT BEACH PO BOX 269110- FIRE DEPT SACRAMENTO, CA 92858	95-6000751	GOVT	690,000				

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
COLETTE'S CHILDREN HOME 7372 PRINCE DR STE 106 HUNTINGTON BEACH, CA 92647	91-1939140	501(C)(3)	15,000				
COMMUNITY FOR INNOVATIONS ENTREPRENEURSHIP (CIELO) 16787 BEACH BLVD STE 233 HUNTINGTON BEACH, CA 92647	61-1495237	501(c)(3)	110,000				

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 SUITE 121 SANTA ANA, CA 92705	47-2671013	501(c)(3)	25,000				
COUNCIL OF OC SOCIETY OF ST VINCENT 426 S WEST ALMOND AVE ORANGE, CA 92866	95-3033494	501(c)(3)	50,500				

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
COUNCIL ON AGING ORANGE COUNTY 1971 E 4TH ST SUITE 200 SANTA ANA, CA 92705	95-2874089	501(c)(3)	96,500				
CRIME SURVIVORS INC PO BOX 54552 IRVINE, CA 92619	30-0229425	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
CRYSTAL COVE CONSERVANCY 35 CRYSTAL COVE NEWPORT BEACH, CA 92657	33-0878633	501(c)(3)	15,000				
CSP YOUTH SHELTERWAYMAKERS 1221 E DYER RD STE 120 SANTA ANA, CA 92705	95-3167866	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
EPILEPSY SUPPORT NETWORK OF OC 1500 ADAMS ST SUITE 301 COSTA MESA, CA 92626	27-0681680	501(c)(3)	25,000				
FRIENDSHIP SHELTER PO BOX 4252 LAGUNA BEACH, CA 92652	33-0219404	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
GAY & LESBIAN COMMUNITY SERVICES CTR OC 1605 N SPURGEON ST SANTA ANA, CA 92701	95-2934041	501(c)(3)	25,000				
GIRLS INCORPORATED OF ORANGE COUNTY 1815 ANAHEIM AVE COSTA MESA, CA 92627	95-1810150	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
HEALTHY SMILES 2101 E 4TH ST SUITE 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)	61,843				

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)	25,000				
IRVINE ADULT DAY HEALTH SERVICES 20 LAKE ROAD IRVINE, CA 92604	33-0599371	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
IRVINE PUBLIC SCHOOLS FOUNDATION 1 POST STE 250 IRVINE, CA 92618	33-0733191	501(c)(3)	80,000				
LAGUNA BEACH SENIORS INC 380 THIRD ST LAGUNA BEACH, CA 92651	95-2983350	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
LATINO HEALTH ACCESS 1701 N MAIN ST STE200 SANTA ANA, CA 92706	33-0562943	501(c)(3)	85,000				
MERCY HOUSE PO BOX 1905 SANTA ANA, CA 92701	33-0315864	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
MIND OC 5020 CAMPUS DR STE1 NEWPORT BEACH, CA 92660	82-3901590	501(c)(3)	4,000,000				
MOMS ORANGE COUNTY 1128 W SANTA ANA BLVD SANTA ANA, CA 92703	33-0518078	501(c)(3)	75,000				

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)	120,000				
NEWPORT-MESA SPIRIT RUN INC 806 BISON NEWPORT BEACH, CA 92660	27-4410366	501(c)(3)	8,000				

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
NEWPORT-MESA UNIFIED SCHOOL DISTRICT 2045 MEYER PLACE BLDG B COSTA MESA, CA 92626	95-2417783	GOVT	227,000				
ONE OC 1901 E FOUTH ST STE 100 SANTA ANA, CA 92705	95-2021700	501(C)(3)	40,800				

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 BAR FOUNDATION 313 N BIRCH ST 2ND FLOOR MADRES UNIDAS, CA 92701	23-7068923	501(c)(3)	40,000				
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR STE 510 NEWPORT BEACH, CA 92660	33-0378778	501(c)(3)	500,000				

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 HOUSING CORP 501 N GOLDEN CIRCLE DR 200 SANTA ANA, CA 92705	95-3221290	501(c)(3)	30,000				
ORANGE COUNTY HUMAN RELATIONS 1300 S GRAND AVE BLDG B SANTA ANA, CA 92705	33-0438086	501(c)(3)	57,650				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PEDIATRIC ADOLESCENT DIABETES RESEARCH EDU 1201 W LA VETA AVE ORANGE, CA 92868	33-0099451	501(c)(3)	85,000				
PROJECT HOPE ALLIANCE 1954 PLACENTIA AVE STE 202 COSTA MESA, CA 92627	75-3099628	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
PROJECT SELF SUFFICIENCY 307 PLACENTIA STE 203 NEWPORT BEACH, CA 92663	33-0597719	501(c)(3)	30,000				
PROVIDENCE SPEECH & HEARING CENTER 1301 PROVIDENCE AVE ORANGE, CA 92868	95-6154473	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
PUBLIC LAW CENTER 601 W CIVIC CENTER DR SANTA ANA, CA 92701	95-3709253	501(c)(3)	60,000				
SAVE OUR YOUTH 661 HAMILTON 180 COSTA MESA, CA 92627	33-0585600	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
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DRIVE COSTA MESA, CA 92626	23-7287150	501(c)(3)	25,000				
SENECA FAMILY OF AGENCIES 18302 IRVINE BLVD 300 TUSTIN, CA 92780	94-2971761	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
SERVING KIDS HOPE 2100 W ALTON AVE 2 SANTA ANA, CA 92704	47-1518476	501(c)(3)	40,000				
SERVING PEOPLE IN NEED (SPIN) 151 KALMUS DRIVE STE H2 COSTA MESA, CA 92626	33-0329687	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
SHARE OUR SELVES CLINIC 1550 SUPERIOR AVE COSTA MESA, CA 92627	95-3222316	501(c)(3)	910,000				
SOMEONE CARES SOUP KITCHEN 720 W 19TH ST/ PO BOX 11267 COSTA MESA, CA 92627	33-0279080	501(c)(3)	73,200				

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
SOUTH COUNTY OUTREACH 7 WHATNEY STEB IRVINE, CA 92618	33-0330233	501(c)(3)	25,000				
ST JEANNE DE LESTONNAC CLINIC 1215 E CHAPMAN AVE ORANGE, CA 92866	95-3499011	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
STRENGTH IN SUPPORT 23461 SOUTH POINTE DR SUITE 310 LAGUNA HILLS, CA 92653	46-1896501	501(c)(3)	20,000				
SUSAN G KOMEN BREAST CANCER FOUNDATION 3191 AIRPORT LOOP DR A COSTA MESA, CA 92626	33-0487943	501(c)(3)	75,000				

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
TIYYA FOUNDATION 505 N TUSTIN STE280 SANTA ANA, CA 92705	27-3128801	501(c)(3)	26,000				
UNITED CEREBRAL PALSY OF OC 980 ROOSEVELT STE100 IRVINE, CA 92620	95-1856340	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
WISEPLACE 1411 N BROADWAY SANTA ANA, CA 92706	95-1684796	501(c)(3)	25,000				
YOUNG LIVES REDEEMED 1351 E CHAPMAN AVE SUITE C FULLERTON, CA 92831	47-1849084	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
YOUTH EMPLOYMENT SERVICES 114 EAST 19TH ST COSTA MESA, CA 92627	95-2704522	501(c)(3)	65,000				
HOAG CHARITY SPORTS 2081 BUSINESS CENTER DRIVE STE 195 IRVINE, CA 92612	45-2982422	501(c)(3)	500,000				PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization HOAG MEMORIAL HOSPITAL PRESBYTERIAN		Employer identification number 95-1643327

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

[illegible]

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. THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR: RICK MARTIN - \$19,556 ROBERT BRAITHWAITE - \$148,022 MICHAEL RICKS - \$15,004 ANDREW GUARNI - \$9,855 FLYNN ANDRIZZI - \$10,956 MARTIN FEE - \$7,222 JENNIFER MITZNER - \$24,154 MARCY BROWN - \$2,329 ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVES ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(iii) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. THE FOLLOWING INDIVIDUAL RECEIVED A PAYOUT DURING THE CURRENT YEAR: RODNEY HOCHMAN, MD - \$1,378,122

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				
1ANDREW GUARNI SVP & CFO/PRES HMTS/CFO HC	(i)	419,994	270,918	4,826	23,855	8,687	728,280	0
	(ii)	0	0	0	0	0	0	0
1RICHARD MARTIN SVP & CHIEF NURSING OFFICER	(i)	450,133	112,713	31,745	43,356	7,588	645,535	0
	(ii)	0	0	0	0	0	0	0
2MARCY BROWN SVP & CHO	(i)	275,060	179,173	2,742	20,529	9,965	487,469	0
	(ii)	0	0	0	0	0	0	0
3JENNIFER MITZNER VP EXEC/CEO HOI/SECRETARY HC	(i)	559,998	168,000	4,453	45,154	22,245	799,850	0
	(ii)	0	0	0	0	0	0	0
4ROBERT BRAITHWAITE CEO/PRESIDENT/MOB HHF/CEO HC	(i)	800,010	374,912	4,002	167,337	16,163	1,362,424	0
	(ii)	0	0	0	0	0	0	0
5SANFORD SMITH SVP REAL ESTATE & FACILITIES	(i)	407,035	164,396	6,059	15,400	11,706	604,596	0
	(ii)	0	0	0	0	0	0	0
6MARTIN FEE SENIOR VP/CCO	(i)	372,008	107,099	4,786	21,222	913	506,028	0
	(ii)	0	0	0	0	0	0	0
7FLYNN ANDRIZZI SVP/PRES HHF/BOARD MEMBER HCS	(i)	431,962	458,324	21,206	24,956	22,111	958,559	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL RICKS EXECUTIVE VP/COO (PART YEAR)	(i)	394,240	168,240	1,317	26,560	14,122	604,479	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL BRANT-ZAWADZKI EXECUTIVE MEDICAL DIRECTOR	(i)	461,492	101,345	21,506	12,600	13,412	610,355	0
	(ii)	0	0	0	0	0	0	0
10KRIS V IYER MD VP SR & CAO HMTS/BD CHAIR HMTS	(i)	485,145	125,545	13,638	14,000	1,256	639,584	0
	(ii)	0	0	0	0	0	0	0
11JAN BLUE SR VP HUMAN RESOURCES	(i)	562,849	102,239	10,349	15,400	7,875	698,712	0
	(ii)	0	0	0	0	0	0	0
12ALLYSON BROOKS MD EXEC DIR MED WOMENS HEALTH	(i)	391,040	290,064	5,557	14,000	21,450	722,111	0
	(ii)	0	0	0	0	0	0	0
13NHAT TRAN PRINCIPAL MANAGING AND CMIO	(i)	324,957	62,859	2,490	14,000	21,966	426,272	0
	(ii)	0	0	0	0	0	0	0
14RODNEY HOCHMAN MD BD MEMBER/PSJH PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,116,529	6,126,469	1,454,493	1,187,824	29,527	10,914,842	3,819,383
15JACK COX FORMER SVP/CHIEF QUALITY OFCR	(i)	0	0	0	0	0	0	0
	(ii)	169,710	130,985	377,520	48,593	7,354	734,162	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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 section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

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

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

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	79,793	SEE PART V		No
(2) CHRISTOPHER CHEWENS	SEE PART V	140,002	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) - 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: 93493321179730
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
			2019
Department of the Treasury Internal Revenue Service			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 MENTAL HEALTH CENTER - PROVIDED MENTAL HEALTH SERVICES TO 723 CLIENTS IN THE FORM OF PSYCHOTHERAPY. - RESOURCE BROKERING, AND/OR CASE MANAGEMENT PROVIDED TO 129 INDIVIDUALS. - OFFERED PSYCHOTHERAPEUTIC, PSYCHO EDUCATIONAL GROUPS AND COMMUNITY PRESENTATIONS RESULTING IN 805 ENCOUNTERS. - A SAMPLING OF THE TRAININGS OFFERED INCLUDED: ASSIST FOR SUICIDE ASSESSMENT AND INTERVENTION, ACES INTERFACE, NAMI PROVIDER TRAINING AND LAW AND ETHICS. THE NUMBER OF PROFESSIONALS TRAINED FOR CY19 WAS 1,511 - PROVIDED A SUPERVISED CLINICAL INTERNSHIP TRAINING PROGRAM FOR 8 MSW (MASTER OF SOCIAL WORK) STUDENTS. EACH INTERN WAS PROVIDED WITH WEEKLY ONE HOUR LONG SUPERVISION AND ONE AND A HALF HOUR LONG GROUP SUPERVISION COMMUNITY BENEFIT GRANTS PROGRAM - 82 GRANTS FUNDED TOTALING OVER \$ 3M - PRIORITY FOCUS AREAS INCLUDED: ACCESS TO CARE, ECONOMIC SECURITY, MENTAL HEALTH, AND PREVENTION OF CHRONIC DISEASE AND MANAGEMENT HEALTH MINISTRIES PROGRAM THE FCN PROGRAM HOSTED MULTIPLE EVENTS AND WORKSHOPS IN CY19. ANNUAL CLINICAL SERVICES INCLUDE FLU VACCINE CLINICS, CPR TRAINING, BLOOD PRESSURE SCREENINGS AND BLOOD DRIVES. THE FCN NURSES ADMINISTERED AND HOSTED: - 9,047 FLU VACCINE DOSES TO FAITH MEMBERS AND THE COMMUNITY - 225 INDIVIDUALS WHO RECEIVED LIFE-SAVING AED/CPR TRAINING - 887 BLOOD PRESSURE SCREENINGS AND WELLNESS EDUCATION TO INDIVIDUALS - 441 UNITED OF DONATED BLOOD - SPIRITUALLY BASED ALZHEIMERS EDUCATION CLASSES THAT SERVED 123 INDIVIDUALS - FCN LED COURSES ATTENDED BY 2,117 INDIVIDUALS COVERING TOPICS THAT INCLUDED MENTAL HEALTH, TAI CHI, CHAIR EXERCISE, DEVOTIONS, DIABETES, SENIOR HOUSING, PARENTING, ETC. - SUPPORT GROUPS ON CAREGIVING AND GRIEF AND LOSS SERVED 1,040 INDIVIDUALS - 28 RNS COMPLETED 36 CEUS IN THE FOUNDATIONS OF FAITH COMMUNITY NURSING - FCNS COMPLETED 463 HOURS OF CONTINUING EDUCATION - HOSTED THE ANNUAL SPIRITUALITY CONFERENCE WITH 200 ATTENDEES - 85 RNS ATTENDED THE FAITH COMMUNITY NURSE REGIONAL SUMMIT - ESTABLISHED QUARTERLY CONFERENCE CALLS LINKING WEST COAST FAITH COMMUNITY LEADERS FROM AK, WA, OR, NV, AZ. PROJECT WIPEOUT - HOSTED THE 40TH ANNUAL LIFEGUARD EDUCATION SYMPOSIUM, WITH OVER 375 ATTENDEES, WHICH INCLUDED LIFEGUARDS AND FIRE PERSONNEL FROM ALL OVER ORANGE COUNTY. AN ADDITIONAL 125 LIFEGUARDS AND LIFE-SAVING PERSONNEL VIEWED THE LIVE STREAM AT VARIOUS LOCATIONS. - PROVIDED \$35,000 IN MICRO-GRANT FUNDING FOR ORANGE COUNTY LIFEGUARD AGENCIES TO PROVIDE PROGRAMMATIC SUPPORT. - DURING CY2019, PROJECT WIPEOUT AND THE BEN CARLSON MEMORIAL AND SCHOLARSHIP FOUNDATION CO-HOSTED THE INAUGURAL SOUTHERN CALIFORNIA WATER SAFETY SUMMIT. THE SUMMIT CONSISTED OF A ONE-DAY CONFERENCE DESIGNED TO BE A FORUM FOR COLLABORATION ON PRACTICES, PROGRAMS, AND POLICY THAT REDUCE DROWNING AND AQUATIC INJURIES IN OUR COMMUNITY. OVER 140 WATER SAFETY ADVOCATES AND PROFESSIONALS ATTENDED, REPRESENTATIVE OF SEVERAL CA COUNTIES, AS WELL AS AZ, WA, ID, UT, AND NY. MELINDA HOAG SMITH CENTER FOR HEALTHY LIVING - 2,479 INDIVIDUAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>S AND/OR FAMILIES REGISTERED AS MEMBERS OR INQUIRED ABOUT SERVICES AND WERE LINKED TO APPROPRIATE AGENCIES THROUGH OUR CASE MANAGER SUPPORT TEAM. - 405 INDIVIDUALS WERE CPR CERTIFIED. THIS HELPED FOR JOB SECURITY AND JOB PLACEMENT FOR SEVERAL NANNIES, CHILD CARE WORKERS , AND PRESCHOOL TEACHERS - 698 ADULTS PARTICIPATED IN CIELO'S ENTREPRENEURSHIP/JOB READINESS CLASSES - 125 SINGLE PARENTS RECEIVED SERVICES WITH PROJECT SELF-SUFFICIENCY - 156 HOME LESS INDIVIDUALS AND/OR FAMILIES RECEIVED SERVICES THROUGH SPIN (SERVING PEOPLE IN NEED) - 1,722 ENCOUNTERS FOR GIRLS INCS AFTER SCHOOL HOMEWORK AND STEM ACTIVITIES (BOYS AND GIRLS) - 7,311 ENCOUNTERS FOR YOGA, ZUMBA AND OTHER FITNESS CLASSES - 297 ENCOUNTERS FOR CHILDREN PARTICIPATED IN BALLET CLASSES - 1,650 ENCOUNTERS FOR CHILDREN PARTICIPATED IN AMIGITOS /ZUMBINI - 199 CHOC PODER CLASSES - 896 ENCOUNTERS FOR YOUTH HIP HOP - 1,007 INDIVIDUALS PARTICIPATED IN A NAMI CLASS/SUPPORT GROUP - 462 INDIVIDUALS WERE EITHER VISITED AT HOME OR MET WITH A PROMOTORA ONSITE TO DISCUSS MENTAL HEALTH SERVICES - 419 INDIVIDUALS HAVE RECEIVED LEGAL CONSULTATION OR REPRESENTATION FROM THE PUBLIC LAW CENTER, FOCUSING ON FAMILY LAW DIVORCE, DV, CHILD CUSTODY ETC. - APPROXIMATELY 1,163 PROFESSIONALS PARTICIPATED IN TRAININGS HOSTED BY THE MHSCHL.</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. ("CHN") II. THE GEORGE HOAG FAMILY FOUNDATION ("GHF FOUNDATION") III. THE CONSTITUENT REFORMED PRESBYTERIAN CHURCHES LOCATED IN ORANGE COUNTY, CALIFORNIA WHICH INCLUDE DENOMINATIONS OF THE LOS RANCHOS PRESBYTERY OF THE PRESBYTERIAN CHURCH (USA) AND ECO: A COVENANT ORDER OF EVANGELICAL PRESBYTERIANS, 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	<p>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 GOVERNANCE COMMITTEE OF 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, PROVIDED THAT SUCH MAJORITY INCLUDES THE AFFIRMATIVE VOTE OF THE GHF FOUNDATION AND THE AFFIRMATIVE VOTE OF THE APM, SUBJECT TO FINAL APPROVAL BY REQUISITE VOTE OF THE CHN BOARD OF DIRECTORS. THE REQUISITE VOTE OF THE CHN BOARD OF DIRECTORS MEANS THE AFFIRMATIVE VOTE OF NOT LESS THAN FIVE (5) OF THE SEVEN (7) DIRECTORS OF CHN, INCLUDING THE VOTE OF AT LEAST THREE (3) OF THE FOUR (4) DIRECTORS DESIGNATED BY PROVIDENCE ST. JOSEPH HEALTH, AND THE VOTE OF AT LEAST TWO (2) OF THE THREE (3) DIRECTORS DESIGNATED BY THE GHF FOUNDATION AND THE APM. 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DECISIONS RESERVED TO MEMBERS OR STOCKHOLDER THE ORGANIZATION IS SUBJECT TO THE COVENANT HEALTH NETWORK, INC. GOVERNANCE MATRIX THAT OUTLINES VARIOUS RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE. THE GOVERNANCE MATRIX PROVIDES FOR APPROVAL BY THE CHN BOARD AND, IN SOME CASES, FINAL APPROVAL BY THE ST. JOSEPH HEALTH SYSTEM ("SJHS") BOARD. EXAMPLES REQUIRING SJHS BOARD APPROVAL INCLUDE CHANGES TO THE STATEMENT OF COMMON VALUES, FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLANS, APPOINTMENT OR REMOVAL OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, AND JOINT VENTURES. A SUPERMAJORITY VOTE OF THE CHN BOARD IS REQUIRED TO APPROVE ANY MERGER OR SALE OF ALL OR SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF THE HOAG BOARD OF DIRECTORS, 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. IN ADDITION, THE FOLLOWING ACTIONS ARE RESERVED TO THE GHF FOUNDATION AND THE APM: (A) ANY CHANGE IN THE NAME OF OR UTILIZED BY THE CORPORATION (OTHER THAN ANY CHANGE THAT WOULD REQUIRE AN AMENDMENT TO THE ARTICLES OR BYLAWS); AND (B) ANY CHANGES TO THE CORPORATIONS MISSION STATEMENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	<p>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 FORM 990 PRIOR TO ISSUANCE. THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE ACCOUNTING TEAM, HUMAN RESOURCES, CORPORATE COMPLIANCE AND GOVERNANCE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY MANAGEMENT, INCLUDING AN OFFICER OF THE ORGANIZATION. MANAGEMENT PRESENTED THE RETURNS TO THE AUDIT AND COMPLIANCE COMMITTEE, AND DISCUSSED KEY DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. IN ADDITION, AN ELECTRONIC VERSION OF THE FORM 990 IS POSTED TO A SECURE WEBSITE AVAILABLE TO ALL OF THE BOARD OF DIRECTORS PRIOR TO FILING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>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 AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. RESPONSES TO THE QUESTIONNAIRE ARE SUBMITTED FOR REVIEW AND RECOMMENDATION TO THE CHIEF COMPLIANCE OFFICER PRIOR TO REVIEW AND CONSIDERATION BY THE AUDIT & COMPLIANCE OR THE GOVERNANCE COMMITTEES OF THE BOARD. THE RESPONSES TO THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE ARE ALSO PRESENTED TO THE BOARD OF DIRECTORS. IF, SUBSEQUENT TO COMPLETION OF THE ANNUAL QUESTIONNAIRE, ANY COVERED PERSON BECOMES AWARE OF AN INTEREST THAT COULD GIVE RISE TO A CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE ORGANIZATION OR AN AFFILIATE, THE COVERED PERSON SHALL PROMPTLY MAKE DISCLOSURE OF THE INTEREST TO THE BOARD OR THE GOVERNANCE COMMITTEE. THE AUDIT AND COMPLIANCE COMMITTEE OR THE GOVERNANCE COMMITTEE SHALL THEN DETERMINE IF A DISCLOSED INTEREST MAY RESULT IN A CONFLICT OF INTEREST BY MEETING, DISCUSSING AND VOTING ON THE MATTER. THE PERSON HOLDING THE INTEREST BEING CONSIDERED SHALL NOT BE PRESENT DURING ANY MEETING IN WHICH THE AUDIT AND COMPLIANCE OR GOVERNANCE COMMITTEE CONDUCTS ITS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY. THE AUDIT AND COMPLIANCE COMMITTEE OR GOVERNANCE COMMITTEE MAY REQUEST ADDITIONAL INFORMATION CONCERNING THE RELEVANT INTEREST FROM ALL REASONABLE SOURCES BEFORE REACHING A DETERMINATION. WHEN A CONFLICT OF INTEREST IS DETERMINED TO EXIST, ADDITIONAL PROCEDURES ARE FOLLOWED INCLUDING FURTHER REVIEW BY THE GOVERNANCE COMMITTEE AND THE BOARD OF DIRECTORS. 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.</p>

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 38 YEARS. THE COMPENSATION COMMITTEE DOCUMENTS THAT THE COMPENSATION IS REASONABLE IN ITS BOARD MINUTES DURING EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2019. IN ADDITION, THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED REASONABLE IN COMPLIANCE WITH IRC SECTION 4958.</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 2019. IN ADDITION, THE INDEPENDENT CONSULTING FIRM PROVIDES THE BOARD WITH AN OPINION LETTER EACH YEAR CERTIFYING THAT THE COMPENSATION PROGRAM AND ALL PAY ELEMENTS (TOTAL REMUNERATION) APPROVED BY THE BOARD ARE DEEMED REASONABLE IN COMPLIANCE WITH IRC SECTION 4958.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS OR FUND BALANCE EQUITY TRANSFERS (11,146,271) UBI GAIN FROM PARTNERSHIP/LLC'S 14,793,857 FOUNDATION DONATED CAPITAL - TIMING DIFFERENCES 277,156 EXCLUDED SERVICES PER HERITAGE AFFILIATION 41,725 JV DISTRIBUTIONS RECEIVED 19,724,198 OTHER 2,804 ===== TOTAL 23,693,469

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES/CONSULTING TOTAL FEES: 73985635

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:35356014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:HMO PURCHASED SERVICES TOTAL FEES:19410629

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number
95-1643327

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEWPORT HEALTHCARE CENTERS LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 33-1127904	Medical Bldg	CA	17,169,214	187,683,087	HMHP
(2) HOAG OUTPATIENT THERAPIES One Hoag Drive Box 6100 Newport Beach, CA 92663 47-1467227	OUTPAT THERAP	CA	933,382	2,255,372	HMHP
(3) HOAG NERONBEHAVIORAL HEALTH LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 47-3282694	Medical Svcs	CA	3,218,142	7,612,303	HMHP
(4) PERSONALCARE PHYSICIANS LLC One Hoag Drive Box 6100 Newport Beach, CA 92663 26-4105404	Medical Svcs	CA	639,877	503,323	HMHP
(5) IRVINE SURGICAL PARTNERS LLC ONE HOAG DRIVE NEWPORT BEACH, CA 92663 81-2776218	MEDICAL SVCS	CA	0	0	HMHP

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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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 BRIDGEPORT MEDICAL IMAGING (BMI) EIN: 26-0796953 ADDRESS: 4400 NE HALSEY, #495 PORTLAND, OR 97213 BROADWAY IMAGING, LLC EIN: 52-2405971 ADDRESS: 500 W. BROADWAY MISSOULA, MT 59802 CENTER FOR MATERNAL, NEWBORN AND CHILD EIN: 81-3526875 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 CENTER FOR MEDICAL IMAGING (CMI) EIN: 20-0477972 ADDRESS: 4400 NE HALSEY ST., BLDG. II, #495 PORTLAND, OR 97213 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 FULLERTON SURGICAL CENTER LP EIN: 47-0927394 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 GREATER VALLEY MEDICAL BUILDING, L.P. EIN: 95-4570858 ADDRESS: 501 S. BUENA VISTA ST. BURBANK, CA 91505 HCSA PROPERTIES LLC EIN: 46-0620892 ADDRESS: 1600 M STREET NW AUBURN, WA 98001 HERITAGE INVESTMENT GROUP I, LLC EIN: 27-1000061 ADDRESS: 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN: 61-1588294 ADDRESS: 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 IMAGING ASSOCIATES LLC EIN: 20-3906048 ADDRESS: 3650 PIPER STREET, STE A, ANCHORAGE, AK 99508 INLAND IMAGING, LLC EIN: 91-1855796 ADDRESS: 801 S. STEVENS ST., SPOKANE, WA 99204 LSC REAL PROPERTY, LLC EIN: 47-4646059 ADDRESS: 2301 QUAKER AVENUE, LUBBOCK, TX, 79410 METHODIST DIAGNOSTIC IMAGING EIN: 75-2343261 ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410 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 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 TRUST SHORT TERM INVESTMENT PORTFOLIO EIN: 81-2701056 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROV. RADIATION ONCOLOGY DEVELOP. ASSN., LLC EIN: 26-0682491 ADDRESS: 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN: 47-0918549 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC EIN: N/A ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROVIDENCE IMAGING CENTER JOINT VENTURE EIN: 92-0118807 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO EIN: 82-3190634 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 PROVIDENCE SURGERY CENTER, LLC EIN: 84-1401625 ADDRESS: 902 N. ORANGE ST MISSOULA, MT 59802 PROVIDENCE UCLA USP SURGERY CENTER JV EIN: 32-0503030 ADDRESS: 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 PROVIDENCE/SILVERTON REHAB, LLC EIN: 48-1287267 ADDRESS: 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SOUTH BAY SURGERY CENTERS EIN: 47-5064486 ADDRESS: 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 PROVIDENCE/USP SURGERY CENTERS, LLC EIN: 20-0684116 ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 RADIATION THERAPY INNOVATIONS, LLC EIN: 30-0553035 ADDRESS: 1221 MADISON STREET, 1ST FL, SEATTLE, WA 98104 REDMOND AMBULATORY SURGERY CENTER LLC EIN: 81-3558711 ADDRESS: 805 MADISON ST STE 901, SEATTLE, WA 98104 SANTA ANA MOB, LLC EIN: 75-3205306 ADDRESS: 1800 QUAIL STREET, STE 100, NEWPORT BEACH, CA 92660 SHA, LLC EIN: 75-2569094 ADDRESS: 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 SJO ASC HOLDINGS LLC EIN: 82-1655501 ADDRESS: 1140 W. LA VETA AVE ORANGE, CA 92868 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN: 45-4521884 ADDRESS: 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN: 81-4657391 ADDRESS: 300 SANTANA ROW, SUITE 300 SAN JOSE, CA 95128 ST. JUDE SURGICAL CENTERS, LLC EIN: 82-3352570 ADDRESS: 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 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 YELM MEDICAL OFFICE BUILDING EIN: 26-3685020 ADDRESS: 2840 CRITES ST SW STE 104, TUMATER, WA 98512</p>

Additional Data

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

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 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12, I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 98206 94-3264605	TRANS. CARE	WA	501(C)(3)	10	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHSSJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7005501	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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 98057 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0093565	HEALTHCARE	AK	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1554288	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	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 98057 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3078543	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0143024	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING CO	WA	501(C)(3)	12, I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-4171900	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	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) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	NA	N/A								
BRIDGEPORT MEDICAL IMAGING (BMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG.	OR	NA	N/A								
BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
CENTER FOR MATERNAL NEWBORN AND CHILD 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-3526875	HEALTHCARE	CA	NA	N/A								
CENTER FOR MEDICAL IMAGING (CMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG.	OR	NA	N/A								
CLACKAMAS RADIATION ONCOL CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 81-0986844	HEALTHCARE	CA	HMHP	RELATED	5,683,356	33,991,211	Yes		0	Yes		77.500 %
COVENANT LONG-TERM CARE LP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-5033419	HEALTHCARE	TX	NA	N/A								
FULLERTON SURGICAL CENTER LP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 47-0927394	AMBULATORY SURG	CA	NA	N/A								
GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENTA	WA	NA	N/A								
HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
HOAG ORTHOPEDIC INSTITUTE 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	HMHP	RELATED	22,283,363	22,930,608	Yes		0	Yes		51.000 %
IMAGING ASSOCIATES LLC 3650 PIPER STREET STE A ANCHORAGE, AK 99508 20-3906048	MEDICAL IMAGING	AK	NA	N/A								
INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	NA	N/A								

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							Yes	No		Yes	No	
LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	HMHP	RELATED	-2,735,446	4,168,349	Yes		0	Yes		99.880 %
NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	NA	N/A	81,061	3,668,510			0			24.000 %
OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
PETCT IMAGING AT SWEDISH CANCER INSTITU 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
PHS INVESTMENT TRUST SHORT TERM INVESTME 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-2701056	INVESTMENTS	WA	NA	N/A								
PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 47-0918549	NEONATAL CARE	WA	NA	N/A								
PROVIDENCE HOUSE HEARING HEALTH CENTERS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	NA	N/A								
PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 92-0118807	MEDICAL IMAGING	AK	NA	N/A								
PROVIDENCE ST JOSEPH HEALTH LONG TERM P 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-3190634	INVESTMENTS	WA	NA	N/A								
PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
PROVIDENCE UCLA USP SURGERY CENTER JV 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 32-0503030	AMBULATORY SURG	CA	NA	N/A								

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							Yes	No		Yes	No	
PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
PROVIDENCEUSP SOUTH BAY SURGERY CENTERS 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 47-5064486	AMBULATORY SURG	CA	NA	N/A								
PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
RADIATION THERAPY INNOVATIONS LLC 1221 MADISON STREET 1ST FL SEATTLE, WA 98104 30-0553035	HEALTHCARE	WA	NA	N/A								
REDMOND AMBULATORY SURGERY CENTER LLC 805 MADISON ST STE 901 SEATTLE, WA 98104 81-3558711	AMBULATORY SURG	WA	NA	N/A								
SANTA ANA MOB LLC 1800 QUAIL STREET STE 100 NEWPORT BEACH, CA 92660 75-3205306	REAL ESTATE - MOB	CA	NA	N/A								
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	NA	N/A								
ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
ST JOSEPHSATELLITE DIALYSIS CTRS LLC 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	NA	N/A								
ST JUDE SURGICAL CENTERS LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-3352570	AMBULATORY SURG	CA	NA	N/A								
SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	NA	N/A								
TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	NA	N/A								
THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								
YELM MEDICAL OFFICE BUILDING 2840 CRITES ST SW STE 104 TUMATER, WA 98512 26-3685020	REAL ESTATE - MOB	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
1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC.	WA	NA	C-CORP					
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
AYIN HEALTH SOLUTIONS INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 83-3037172	HEALTHCARE	DE	NA	C-CORP					
BLUETREE NETWORK INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	NA	C-CORP					
BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
CARON HEALTH CORPORATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
COMMUNITY TECHNOLOGIES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-4722399	IT SVCS	DE	NA	C-CORP					
DATU HEALTH INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	NA	C-CORP					
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	NA	C-CORP					
ENGAGE IT SERVICES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-4058573	IT SVCS	DE	NA	C-CORP					
GRACE CLINIC SERVICES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	NA	C-CORP					
GRADY BLOCKER LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	NA	C-CORP					
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	HMHP	C-CORP	36,660,587	190,775,939	100.000 %	Yes	
HOAG PHYSICIAN PARTNERS 16148 SAND CANYON AVE IRVINE, CA 92618 83-4276044	HEALTHCARE	CA	NA	C-CORP					
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	NA	C-CORP					

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								Yes	No
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	NA	C-CORP					
LUMEDIC ACQUISITION CO INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 83-3881097	HEALTHCARE	WA	NA	C-CORP					
MEDIREVV INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-8783763	HEALTHCARE	DE	NA	C-CORP					
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
PERFORMANCE HEALTH TECHNOLOGY LTD 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302 93-1211733	HEALTHCARE	OR	NA	C-CORP					
PHN HOLDINGS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					
PIONEER INNOVATIONS INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 36-4818191	HEALTH INNOVATION	WA	NA	C-CORP					
PROVIDENCE ASSURANCE INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-8194071	CAPTIVE INSURANCE	AZ	NA	C-CORP					
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	NA	C-CORP					
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
PROVIDENCE HEALTH NETWORK 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
PROVIDENCE HEALTH VENTURES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 33-0122216	INVESTMENT	CA	NA	C-CORP					
PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	HEALTHCARE	WA	NA	C-CORP					
PROVIDENCE RCM GROUP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	NA	C-CORP					
PROVIDENCE SERVICES GROUP INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	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
PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	NA	C-CORP					
ST JOSEPH HEALTH 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
ST JOSEPH HEALTH SOURCE INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	NA	C-CORP					
ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	CA	NA	C-CORP					
VINSERRA INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENT	CA	NA	C-CORP					
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 80-0953654	INVESTMENT	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
HOAG ORTHOPEDIC INSTITUTE	l	20,666,046	Accrual
HOAG HOSPITAL FOUNDATION	b	159,192	Accrual
HOAG HOSPITAL FOUNDATION	c	16,374,226	Accrual
HOAG HOSPITAL FOUNDATION	j	666,858	Accrual
HOAG HOSPITAL FOUNDATION	q	11,773,652	Accrual
HOAG CLINIC	l	125,085	Accrual
HOAG CLINIC	j	1,075,484	Accrual
HOAG CHARITY SPORTS	q	343,624	Accrual
ST JOSEPH HERITAGE HEALTHCARE	b	2,026,990	Accrual
HOAG CHARITY SPORTS	B	500,000	Accrual
HOAG CHARITY SPORTS	C	500,000	Accrual