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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

D Employer identification number
95-1643327

E Telephone number
(949) 764-4624

G Gross receipts $ 1,578,618,925

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

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 HEALTH CARE 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,484
6	Total number of volunteers (estimate if necessary)	**6**	1,550
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,664,572
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	15,255,606	15,714,646
9	Program service revenue (Part VIII, line 2g)	620,457,115	882,909,370
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,971,059	31,054,085
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,856,334	32,832,269
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	694,540,114	962,510,370
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,368,560	8,582,024
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)	268,821,260	362,388,354
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)	335,447,407	473,386,573
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	609,637,227	844,356,951
19	Revenue less expenses Subtract line 18 from line 12	84,902,887	118,153,419
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	2,480,819,862	2,652,277,649
21	Total liabilities (Part X, line 26)	692,482,634	768,092,907
22	Net assets or fund balances Subtract line 21 from line 20	1,788,337,228	1,884,184,742

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

****** | 2016-05-10
Signature of officer | Date

ANDREW GUARNI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KARA ADAMS	KARA ADAMS			P00023315

Firm's name ▶ ERNST & YOUNG US LLP | Firm's EIN ▶

Firm's address ▶ 18101 VON KARMAN AVENUE SUITE 1700
IRVINE, CA 92612

Phone no (949) 794-2300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

OUR MISSION AS A NOT-FOR-PROFIT, FAITH-BASED HOSPITAL IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE 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 $ 516,866,423 including grants of $ 8,582,024) (Revenue $ 910,763,461)

SEE SCHEDULE O

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** ▶ 516,866,423

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 Compliance

Check 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	658		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,484		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 BOX 6100
NEWPORT BEACH, CA 92663 (949) 764-4448

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

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

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

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

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

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

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

(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								9,234,028	2,395,371	708,570

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 ▶735

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) Compensation
Deloitte Touche LLP, 17360 Brookhurst Fountain Valley, CA 92708	consulting services	13,827,996
Pacific Hospitalist Associates, 510 Superior Ave Suite 290 Newport Beach, CA 92663	medical services	5,814,518
Newport Critical Care, 17 Emerald Terrace ALISO VIEJO, CA 92656	technology services	5,527,632
Allscripts, 8529 Six Forks Road RALEIGH, NC 27615	software systems	3,660,699
Emerald Textiles, 1725 Dornoch Court Ste 101 San Diego, CA 92154	Textile Rental	2,476,658

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 ▶88

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	0			
	d	Related organizations . . .	1d	15,714,646			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		15,714,646			
Program Service Revenue			Business Code				
	2a	Patient Services		734,272,305	734,272,305	0	0
	b	HMO Capitated Payment	622110	87,985,965	87,985,965	0	0
	c	MOB Rental Income	531190	24,605,403	24,605,403	0	0
	d	Cafeteria Sales	722212	3,493,009	3,493,009	0	0
	e	Refunds and Rebates	532299	2,135,514	2,135,514	0	0
	f	All other program service revenue		30,417,174	30,417,174	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		882,909,370			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		15,364,573			15,364,573
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		82,524			82,524
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	631,751,664 / 46,403				
	b	Less cost or other basis and sales expenses	616,036,094 / 72,461				
	c	Gain or (loss)	15,715,570 / -26,058				
	d	Net gain or (loss) . . . . . ▶		15,689,512			15,689,512
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	INCOME FROM PARTNERSHIPS	525990	21,306,614	21,280,101	26,513	0
	b	MISC HOI SERVICES	561110	9,180,597	6,085,374	3,095,223	0
	c	CHILD CARE PROGRAM	624410	1,231,082	0	0	1,231,082
	d	All other revenue		1,031,452	488,616	542,836	
	e	**Total.** Add lines 11a–11d . . . . . ▶		32,749,745			
	12	**Total revenue.** See Instructions . . . . . ▶		962,510,370	910,763,461	3,664,572	32,367,691

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	8,571,293	8,571,293		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,731	10,731		
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	9,105,110	600,937	8,504,173	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)	85,932	85,932	0	0
7 Other salaries and wages	282,510,400	190,533,831	91,976,569	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,850,776	3,302,340	11,548,436	0
9 Other employee benefits	35,507,005	18,026,828	17,480,177	0
10 Payroll taxes	20,329,131	13,504,836	6,824,295	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,838,854	270	2,838,584	0
c Accounting	120,483		120,483	0
d Lobbying	33,656	0	33,656	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	3,869,539	0	3,869,539	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	122,610,025	61,979,570	60,630,455	
12 Advertising and promotion	1,503,924	394	1,503,530	0
13 Office expenses	9,584,288	1,600,808	7,983,480	0
14 Information technology	9,534,213	201,359	9,332,854	0
15 Royalties	0	0	0	0
16 Occupancy	45,456,280	17,692,988	27,763,292	0
17 Travel	137,072	40,099	96,973	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	608,035	239,067	368,968	0
20 Interest	16,286,681	16,123,814	162,867	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	74,208,000	22,093,573	52,114,427	0
23 Insurance	6,119,429	4,713,387	1,406,042	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	110,697,687	109,307,084	1,390,603	0
b QA CA HOSPITAL FEE	45,881,633	45,881,633	0	0
c ABANDONED PROPERTY	4,386,987	0	4,386,987	0
d AFFILIATION EXPENSE	4,374,177	0	4,374,177	0
e All other expenses	15,135,610	2,355,649	12,779,961	
25 **Total functional expenses.** Add lines 1 through 24e	844,356,951	516,866,423	327,490,528	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		108,064,391	1	161,624,544
	2	Savings and temporary cash investments		139,196,813	2	139,131,690
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		79,734,170	4	79,258,447
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		1,500,000	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		1,194,898	7	3,555,095
	8	Inventories for sale or use		5,531,211	8	6,700,672
	9	Prepaid expenses and deferred charges		12,711,459	9	11,097,052
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,625,711,331			
	b	Less accumulated depreciation	10b 729,853,414	871,509,320	10c	895,857,917
	11	Investments—publicly traded securities		453,954,807	11	198,391,084
	12	Investments—other securities See Part IV, line 11		708,780,977	12	985,859,289
	13	Investments—program-related See Part IV, line 11		55,870,739	13	69,416,549
	14	Intangible assets		0	14	1,304,323
	15	Other assets See Part IV, line 11		42,771,077	15	100,080,987
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,480,819,862	16	2,652,277,649
Liabilities	17	Accounts payable and accrued expenses		99,910,336	17	113,336,141
	18	Grants payable		0	18	0
	19	Deferred revenue		1,636,092	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		590,936,206	25	654,756,766
	26	**Total liabilities.** Add lines 17 through 25		692,482,634	26	768,092,907
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,788,326,510	27	1,884,099,885
	28	Temporarily restricted net assets		10,718	28	84,857
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,788,337,228	33	1,884,184,742
	34	Total liabilities and net assets/fund balances		2,480,819,862	34	2,652,277,649

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	962,510,370
2	Total expenses (must equal Part IX, column (A), line 25)	2	844,356,951
3	Revenue less expenses Subtract line 2 from line 1	3	118,153,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,788,337,228
5	Net unrealized gains (losses) on investments	5	-3,656,743
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-213,855
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18,435,307
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,884,184,742

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
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	3b		

Additional Data

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

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			
(1) Dennis J Gilmore Board Member	2 0 0 0	X						0	0	0
(1) Dick P Allen Board Member	2 0 0 0	X						0	0	0
(2) Raymond Ricci MD Board Member	2 0 0 0	X						0	0	0
(3) Weston G Chandler MD Board Member	2 0 0 0	X						0	0	0
(4) Jake Easton III Board Member	2 0 0 0	X						14,180	0	0
(5) Max Hampton Board Member	2 0 0 0	X						0	0	0
(6) Jeffrey H Margolis Board Member	2 0 0 0	X						0	0	0
(7) Michael D Stephens Board Member	2 0 0 0	X						0	0	0
(8) Karen Linden Chair-Elect	4 0 0 0	X		X				0	0	0
(9) Virginia Ueberroth Board Member	2 0 0 0	X						0	0	0
(10) Yulun Wang PhD Board Member	2 0 0 0	X						0	0	0
(11) Pam Massey Board Member	2 0 0 0	X						0	0	0
(12) Roger Kirwan Bd Member/Chair HHF/Bd MBR HCS	2 0 6 0	X						0	0	0
(13) Cindy Stokke Board Member	2 0 3 0	X						0	0	0
(14) George H Wood Board Member	2 0 0 0	X						0	0	0
(15) Margarita Pereyda MD Board Member	2 0 0 0	X						0	0	0
(16) Gary S McKitterick Chair/Board Member HHF	5 0 2 0	X		X				0	0	0
(17) John L Benner Secretary	4 0 0 0	X		X				0	0	0
(18) Miles Chang MD Board Member	2 0 0 0	X						0	0	0
(19) Robert Braithwaite CEO-Hoag, Reg VP-S CA Region	50 0 4 0			X				0	952,049	39,288
(20) Andrew Guarni CFO	50 0 0 0			X				305,802	0	27,932
(21) Jack Cox SVP & Chief Quality Officer	50 0 0 0				X			1,967,158	0	144,561
(22) Richard Martin SVP & Chief Nursing Officer	50 0 0 0				X			502,371	0	49,905
(23) Jennifer Mitzner SVP, CFO-S CA Region	20 0 30 0				X			974,558	289,003	46,889
(24) Sanford Smith SVP Real Estate & Facilities	50 0 0 0				X			454,639	0	68,443

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			
(26) Timothy C L Moore SVP & Chief Info Officer	50 0 0 0				X			476,856	0	54,140
(1) Cynthia Perazzo SVP Strategic & Business Dvpmt	50 0 0 0				X			452,841	0	40,638
(2) Flynn Andrizzi SVP/Pres HHF/Board Member HCS	2 0 51 0				X			472,620	0	49,104
(3) Jan Blue SVP Human Resources	50 0 0 0				X			399,203	0	30,855
(4) Kris Iyer MD VP SR & CAO HMTS	10 0 40 0				X			543,200	0	14,572
(5) Nina Robinson VP Marketing and Corp Comm	50 0 0 0					X		522,430	0	13,930
(6) Gwyn Parry Director of Community Medicine	50 0 0 0					X		310,326	0	31,213
(7) Terri Cammarano VP Legal	50 0 0 0					X		913,532	0	22,510
(8) Michael Brand-Zawadzki Executive Medical Director COE	50 0 0 0					X		563,869	0	30,841
(9) Randal Ray Director of Revenue Cycle	50 0 0 0					X		360,443	0	8,122
(10) Richard Afable MD Fmr Pres,CEO,BM/BM HHF/SJH EVP	0 0 54 0						X	0	1,154,319	35,627

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 11, 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)

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 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)

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

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d 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? *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.*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

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? *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.*	1		
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? *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.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
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? *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.*	2a		
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? *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.*	2b		
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? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference	Explanation

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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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to 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	Employer identification number
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		33,656
j	Total Add lines 1c through 1i			33,656
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
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I DURING THE YEAR, ST JOSEPH HEALTH SYSTEM CONDUCTED ADVOCACY EFFORTS WHICH INCLUDED SOME LOBBYING ACTIVITIES THESE ACTIVITIES INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AS WELL AS COMMUNICATION TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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" to 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" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	133,533,623	124,062,748	116,691,866	107,000,015	113,283,821
b	Contributions	17,412,921	4,178,547	2,165,921	4,471,403	3,879,161
c	Net investment earnings, gains, and losses	3,480,058	12,817,040	12,524,800	13,721,800	901,766
d	Grants or scholarships					
e	Other expenditures for facilities and programs	19,213,684	7,524,712	7,319,839	8,501,352	11,064,733
f	Administrative expenses					
g	End of year balance	135,212,918	133,533,623	124,062,748	116,691,866	107,000,015

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

- a Board designated or quasi-endowment ▶ 21 000 %
- b Permanent endowment ▶ 49 000 %
- c Temporarily restricted endowment ▶ 30 000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	77,330,825		77,330,825
b Buildings		894,152,852	325,088,620	569,064,232
c Leasehold improvements		115,075,573	39,797,234	75,278,339
d Equipment		467,193,579	364,967,560	102,226,019
e Other		71,958,502		71,958,502
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				895,857,917

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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) U S GOVERNMENT AGENCY&TREAS	21,719,117	F
(B) Debt Securities	145,025,014	F
(C) Equity Securities	122,880,791	F
(D) Equity Commingled Funds	324,166,451	F
(E) Hedge Funds	250,488,755	F
(F) Private Equity	64,946,108	F
(G) Real Assets	56,633,053	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	985,859,289	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Interco with Health System-Bonds	534,205,569
Third Party Settlement	3,332,594
Other Long-term liabilities	15,272,717
Other Current Liabilities	54,388,936
Accrued Capitation Liability	14,536,199
SELF INSURED LIABILITIES	33,020,751
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	654,756,766

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' to 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' to 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
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE ACCOUNTING STANDARDS CODIFICATION (ASC 740), INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX EXEMPT ORGANIZATIONS NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2015 OR 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

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" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		322,129,959
(2) East Asia and the Pacific			Investments		727
(3) Europe (Including Iceland and Greenland)			Investments		4,178,911
(4) North America			Investments		972
(5)					
3a Sub-total					326,310,569
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					326,310,569

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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 VA LUES OF THE INVESTMENTS IN THE IDENTIFIED REGIONS AS OF THE ORGANIZATION'S FISCAL YEAR END ED JUNE 30, 2015

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,456,078		5,456,078	0 620 %
b Medicaid (from Worksheet 3, column a)			68,138,323	46,250,767	21,702,933	2 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,402,385	63,430	6,338,955	0 720 %
d **Total** Financial Assistance and Means-Tested Government Programs			79,996,786	46,314,197	33,497,966	3 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,780,879	0	7,780,879	0 890 %
f Health professions education (from Worksheet 5)			303,127	0	303,127	0 030 %
g Subsidized health services (from Worksheet 6)			725,962	0	725,962	0 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,745,659	0	2,745,659	0 310 %
j **Total.** Other Benefits			11,555,627	0	11,555,627	1 320 %
k **Total.** Add lines 7d and 7j			91,552,413	46,314,197	45,053,593	5 130 %

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			27,700		27,700	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			10,000		10,000	0 %
8 Workforce development						
9 Other						
10 **Total**			37,700		37,700	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 17,890,458		
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	147,060,518
6	Enter Medicare allowable costs of care relating to payments on line 5	6	223,679,193
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-76,618,675
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	
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	Yes	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Hoag Ortho Inst	Specialty Hospital	51 000 %		49 000 %
2 Main St Spec Surgery	Outpatient Surgery Center	42 360 %		14 660 %
3 Hoag Outpatient Ctr	Endoscopy Center	25 630 %		74 370 %
4 Nwpt Bch Radiosrgry	Surgery Center	50 000 %		50 000 %
5 Nwpt Surgical Prtns	Surgery Center	15 000 %		60 000 %
6 Nwpt Bch Endoscopy	Endoscopy Center	25 630 %		74 370 %
7 Nwpt Bay Surgery Ctr	Surgery Center	20 000 %		80 000 %
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **2**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			Yes	No
Community Health Needs Assessment				
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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2014			
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	
6a	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?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
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			
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" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to 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)*

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
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?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ 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 ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c ☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ 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 ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ Other (describe in Section C)			
Billing and Collections			
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 non-payment?	**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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Form and Line Reference	Explanation
See Additional Data Table	

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? **4**

	Name and address	Type of Facility (describe)
1	Main St Specialty Surgery Center 280 Main St 100 Orange, CA 92868	Outpatient Surgery Center
2	Orthopedic Surgery Center of Orange Co 22 Corporate Plaza Dr Suite 150 Newport Beach, CA 92660	Outpatient orthopedic surgery center
3	Newport Imaging Center 260 San Miguel Newport Beach, CA 92660	Imaging Center
4	NEWPORT BEACH RADIOSURGERY 1605 AVOCADO AVE NEWPORT BEACH, CA 92660	OUTPATIENT SURGERY CENTER
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

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 http //www hoag org/documents/Community-Benefit-Reports/2015-Community-Ben efit-Report pdf

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 $674,336,552 AND $2,259,246,997, RESPECTIVELY THIS RESULTED IN A COST-TO-CHARGE RATIO OF APPROXIMATELY 29 85% 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

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

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE PRIMARY PURPOSE OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN'S (HOAG OR HOAG HOSPITAL) COMMUNITY BUILDING ACTIVITIES IS TO IMPROVE LOCAL HEALTH IN ORANGE COUNTY THROUGH A COLLABORATIVE PROCESS WITH OTHER NON-PROFIT ORGANIZATIONS AND HEALTH CARE DELIVERY SYSTEMS IN PROVIDING FUNDING OPPORTUNITIES FOR HEALTH RELATED COMMUNITY INITIATIVES HOAG PARTICIPATES IN A VARIETY OF COMMUNITY BUILDING SUCH AS SUPPORTING THE HEALTH FUNDERS PARTNERSHIP OF ORANGE COUNTY ($10,000) THE GOAL OF THE PARTNERSHIP IS TO IMPROVE LOCAL HEALTH BY ENHANCING THE IMPACT AND EFFICIENCY OF HEALTH PHILANTHROPY AND HEALTH SERVICE DELIVERY IN ORANGE COUNTY THE PARTNERSHIP ADDRESSES THIS GOAL BY IDENTIFYING STRATEGIC ISSUES FOR COLLABORATIVE FUNDING AND THE POTENTIAL TO LEVERAGE COMMUNITY RESOURCES HOAG ALSO ASSISTS WITH COMMUNITY DISASTER PREPAREDNESS PLANNING ($27,700)

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOLLOWING FOOTNOTE COMES FROM THE CONSOLIDATED ST JOSEPH HEALTH SYSTEM AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDING 6/30/15 PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS - THE ORGANIZATION RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT CREDIT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED PAYORS ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION REGULARLY ANALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

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 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 TWENTY (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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT IN THE SPRING OF 2015, HOAG CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS TO IDENTIFY AND ADDRESS THE KEY HEALTH ISSUES OF OUR COMMUNITY THIS ASSES SMENT WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) PRC IS A NATIONALLY- RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALT H NEEDS ASSESSMENTS IN COMMUNITIES ACROSS THE UNITED STATES SINCE 1994 TO ACCESS THE 2015 CHNA REPORT IN ITS ENTIRETY, PLEASE VISIT HOAG MEMORIAL HOSPITAL PRESBYTERIAN http //www hoag org/documents/2015-Community-Health-Needs-Assessment-Repor t-Hoag-Hospital pdf HOAG ORTHOPEDIC INSTITUTE http //www orthopedichospital com/documents/2015-Hoag-CHNA pdf THE CO MMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMININ G THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF HOAG SUBSEQU ENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMU NITY HEALTH AND WELLNESS A CHNA PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISS UES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS THIS CHNA WILL SERVE AS A TOOL TOWARD REACHING THREE BASIC GOALS - TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SP ANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE A HEALTHY COMMUNITY IS NOT ONLY ONE WHERE ITS RESIDENTS SUFFER LITTLE FROM PHYSICAL AND MENTAL ILLNESS, BUT ALSO ONE WHERE ITS RESID ENTS ENJOY A HIGH QUALITY OF LIFE - TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA, IT WILL BE P OSSIBLE TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJ URIES INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS MAY THEN BE DEVELOPED TO CO MBAT SOME OF THE SOCIO-ECONOMIC FACTORS WHICH HAVE HISTORICALLY HAD A NEGATIVE IMPACT ON R ESIDENTS' HEALTH - TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RES IDENTS MORE ACCESSIBLE PREVENTIVE SERVICES WILL PROVE BENEFICIAL IN ACCOMPLISHING THE FIR ST GOAL (IMPROVING HEALTH STATUS, INCREASING LIFE SPANS, AND ELEVATING THE QUALITY OF LIFE), AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASES RESULTING FROM A LACK OF PREVENTIVE CARE THIS ASSESSMENT INCORPORATES DATA FROM BOTH QUANTITATIVE A ND QUALITATIVE SOURCES QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (THE PRC COMMUNI TY HEALTH SURVEY) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELAT ED DATA), THESE QUANTITATIVE COMPONENTS ALLOW FOR TRENDING AND COMPARISON TO BENCHMARK DAT A AT THE STATE AND NATIONAL LEVELS QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHE RED THROUGH AN ONLINE KEY INFORMANT SURVEY THE SURVEY INSTRUMENT WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYST EM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRES SING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES THE FINAL SURVEY INSTRUMENT WAS DEVELOPED BY HOAG MEM ORIAL HOSPITAL PRESBYTERIAN AND PRC TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUA LS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVE Y WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PRO VIDED BY HOAG MEMORIAL HOSPITAL PRESBYTERIAN, THIS LIST INCLUDED NAMES AND CONTACT INFORMA TION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SER VICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOS EN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTROD UCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER E MAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 151 COMMUNITY STAKEHOLDERS TO OK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW ONLINE KEY INFORMANT SURVEY PARTICIPATION KEY INFORMANT TYPE NUMBER INVITED NUMBER PARTICIPATING PHYSICIANS 11 6 PUBL IC HEALTH EXPERTS 16 7 OTHER HEALTH PROVIDERS 59 22 SOCIAL SERVICE PROVIDERS 157 82 BUSINE SS & COMM LEADERS 60 34 THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS, OR OTHER MEDICALLY UNDERS ERVED POPULATIONS MINORITY POPULATIONS REPRESENTED AFRICAN-AMERICANS, AMERICAN INDIAN/AL ASKAN NATIVE, ASIANS, BLIND/LOW VISION, CAMBODIANS, CAUCASIANS, CHILDREN, CHILDREN OF PRIS ONERS, CHINESE, DISABLED, ELDERLY, ESL, FAMILIES, FILIPINOS, FOSTER CHILDREN, HARD-TO-REAC H, HISPANICS, HOMELESS, IMMIGRANTS, IRANIANS, JAPANESE, JEWISH, KENYAN, KOREAN, LGBT, LOW- INCOME, MARSHALLESE, MEDICAL, MEDICARE, MENTALLY-I

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	IL, MIDDLE CLASS, MIDDLE EASTERN, MULTIRACIAL, NON-ENGLISH-SPEAKING, OTHER ETHNIC DEMOGRAP HICS, PACIFIC ISLANDER, PERSIAN, POLITICAL REFUGEES, PREGNANT WOMEN, SOMALIAN, TEEN PARENT S, THE UNDERSERVED, THE UNDOCUMENTED, UNINSURED/UNDERINSURED, VETERANS, VICTIMS OF ABUSE, VIETNAMESE, WOMEN, AND YOUNG ADULTS MEDICALLY UNDERSERVED POPULATIONS REPRESENTED AFRICA N-AMERICANS, THOSE WITH ALZHEIMER'S/DEMENTIA, ASIANS, BLIND/LOW-VISION, CAMBODIANS, CAUCAS IANS, CHILDREN, CHILDREN OF PRISONERS, DIABETICS, DISABLED, ELDERLY, ELIGIBLE PUBLIC PROGR AM RECIPIENTS, FAMILIES, FOSTER CHILDREN, HIGH-RISK FOR UNPROTECTED SEXUAL ACTIVITY, HISPA NIC, HOMEBOUND, HOMELESS, IMMIGRANTS, KOREANS, LGBT, LOW EDUCATION LEVEL, LOW-INCOME, MEDI CAID, MEDICAL, MEDICARE, MENTALLY ILL, MIDDLE EASTERN, MSI, NEWLY-INSURED, NON-ENGLISH-SPE AKING, NON-SENIORS (DON'T QUALIFY FOR SSD), PREGNANT WOMEN, SEVERE TRAUMATIC HISTORIES, SU BSTANCE ABUSERS, TEENAGERS, UNDOCUMENTED, UNEMPLOYED, UNINSURED/UNDERINSURED, VETERANS, "W ORKING-POOR" FAMILIES, AND YOUNG ADULTS A VARIETY OF EXISTING (SECONDARY) DATA SOURCES WA S CONSULTED TO COMPLEMENT THE RESEARCH QUALITY OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT DATA FOR THE SERVICE AREA WERE OBTAINED FROM THE FOLLOWING SOURCES - CALIFORNIA DEPARTMEN T OF PUBLIC HEALTH - CENTERS FOR DISEASE CONTROL & PREVENTION - NATIONAL CENTER FOR HEALTH STATISTICS - STATE OF CALIFORNIA DEPARTMENT OF JUSTICE - US CENSUS BUREAU - US DEPARTMENT OF HEALTH AND HUMAN SERVICES - US DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION NOTE THAT SECONDARY DATA REFLECT COUNTY-LEVEL DATA (ORANGE COUNTY) ON MAY 27, 2015, A TOT AL OF 37 COMMUNITY STAKEHOLDERS MET TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR THE COMMUNITY, BASED ON FINDINGS OF THE 2015 PRC COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THIS GROUP INCLUDED BOTH HEALTH PROVIDERS AND REPRESENTATIVES OF VARIOUS COMMUNITY ORGANI ZATIONS PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) BEGAN THE MEETING WITH A PRESENTATI ON OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FR OM THE RESEARCH FOLLOWING THE DATA REVIEW, PRC ANSWERED ANY QUESTIONS AND FACILITATED A G ROUP DIALOGUE, ALLOWING PARTICIPANTS TO ADVOCATE FOR ANY OF THE HEALTH ISSUES DISCUSSED P ARTICIPANTS WERE THEN PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOWED I N ORDER TO ASSIGN PRIORITY TO THE IDENTIFIED HEALTH NEEDS (I E , AREAS 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 ASKED TO EVALUATE EACH HEALTH ISSUE ALONG TWO CRITERIA - SCOPE & SEVERITY - THE FIRST RATING WAS TO GAUGE THE MA GNITUDE OF THE PROBLEM IN CONSIDERATION OF THE FOLLOWING HOW MANY PEOPLE ARE AFFECTED? HO W DOES THE LOCAL COMMUNITY DATA COMPARE TO STATE OR NATIONAL LEVELS, OR HEALTHY PEOPLE 202 0 TARGETS? TO WHAT DEGREE DOES EACH HEALTH ISSUE LEAD TO DEATH OR DISABILITY, IMPAIR QUALI TY 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 (EXTREMELY PREVALENT, WITH VERY SERIOUS HEALTH CONSEQUENCES) - ABILITY TO IMPACT - A SECOND RATING WAS DESIGNED TO M EASURE THE PERCEIVED LIKELIHOOD OF THE HOSPITAL HAVING A POSITIVE IMPACT ON EACH HEALTH IS SUE, GIVEN AVAILABLE RESOURCES, COMPETENCIES, SPHERES OF INFLUENCE, ETC RATINGS WERE ENTE RED ON A SCALE OF 1 (NO ABILITY TO IMPACT) TO 10 (GREAT ABILITY TO IMPACT) INDIVIDUALS' R ATINGS FOR EACH CRITERIA WERE AVERAGED FOR EACH TESTED HEALTH ISSUE, AND THEN THESE COMPOS ITE CRITERIA SCORES WERE AVERAGED TO PRODUCE AN OVERALL SCORE THIS PROCESS YIELDED THE FO LLOWING PRIORITIZED LIST OF COMMUNITY HEALTH NEEDS 1 MENTAL HEALTH 2 DIABETES 3 NUTRIT ION, 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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	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 ADDRESS QUESTIONS REGARDING FINANCIAL ASSISTANCE OPTIONS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION HOAG'S COMMUNITY, AS DEFINED FOR THE PURPOSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDED EACH OF THE 56 RESIDENTIAL ZIP CODES COMPRISING THE HOSPITAL'S SERVICE AREA THIS COMMUNITY DEFINITION WAS DETERMINED BECAUSE A MAJORITY OF HOAG'S PATIENTS ORIGINATE FROM THIS AREA THE POPULATION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED AT 1,874,329 PEOPLE THE AGE DISTRIBUTION OF OUR POPULATION IS SIMILAR TO THAT OF A NATION AS A WHOLE, BUT OUR AREA IS RACIALLY AND ETHNICALLY MUCH MORE DIVERSE, WITH NON-HISPANIC WHITE RESIDENTS COMPRISING ONLY A NARROW MAJORITY OF RESIDENTS FOR MORE DETAILS ON THIS INFORMATION, PLEASE REFER TO THE 2015 COMMUNITY BENEFIT REPORT AT HTTP //WWW HOAG ORG/WHY-HOAG/PAGES/COMMUNITY-BENEFIT/REPORTS ASPX OTHER HOSPITALS IN THE AREA INCLUDE, BUT ARE NOT LIMITED TO - AHMC ANAHEIM REGIONAL MEDICAL CENTER - ANAHEIM - ANAHEIM GENERAL HOSPITAL (ANAHEIM, BUENA PARK) - CHAPMAN MEDICAL CENTER - ORANGE - CHILDREN'S HOSPITAL AT MISSION - MISSION VIEJO - CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANGE - FOUNTAIN VALLEY RGNL HOSP AND MED CTR -FOUNTAIN VALLEY - GARDEN GROVE HOSPITAL AND MEDICAL CENTER - GARDEN GROVE - HUNTINGTON BEACH HOSPITAL - HUNTINGTON BEACH - KAISER PERMANENTE (IRVINE, ANAHEIM) - KINDRED HOSPITAL (SANTA ANA, WESTMINSTER) - LA PALMA INTERCOMMUNITY HOSPITAL - LA PALMA - MISSION HOSPITAL LAGUNA BEACH - LAGUNA BEACH - MISSION HOSPITAL REGIONAL MEDICAL CENTER - MISSION VIEJO - ORANGE COAST MEMORIAL MEDICAL CENTER - FOUNTAIN VALLEY - SADDLEBACK MEMORIAL MEDICAL CENTER (LAGUNA HILLS/SAN CLEMENTE) - ST JOSEPH HOSPITAL - ORANGE - ORANGE - ST JUDE MEDICAL CENTER - FULLERTON - UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE - WESTERN MEDICAL CENTER - SANTA ANA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH - COMMUNITY BENEFIT STAFF CONTINUOUSLY ASSESS THE HEALTH NEE DS OF THE COMMUNITY BY SERVING ON BOARD OF DIRECTORS AND COMMITTEES OF NON PROFIT ORGANIZA TIONS WHICH ALLOWS THEM TO BE ACTIVELY ENGAGED WITH THE COMMUNITY AND PROVIDE SUPPORT AND STRATEGIC DIRECTION - HOAG CONTINUES TO COLLABORATE WITH THE DEPARTMENT OF EDUCATION IN S UPPORT OF A FULL-TIME SCHOOL-BASED COUNTY PHYSICIAN TO SERVE THE PUBLIC SCHOOL SYSTEM IN O RANGE COUNTY HOAG PROVIDES THE MAJORITY FUNDING FOR THIS POSITION - HOAG HOSPITAL HAS A RELATIONSHIP WITH LOCAL COLLEGES AND UNIVERSITIES TO INVEST IN THE EDUCATION OF VARIOUS HE ALTH PROFESSIONS ESPECIALLY WITH THE GROWING NEED OF BILINGUAL AND BICULTURAL HEALTH PROFE SSIONALS IN ORANGE COUNTY - HOAG HOSPITAL AND SHARE OUR SELVES (SOS) CLINIC HAVE NURTURED A UNIQUE PARTNERSHIP SINCE 1984 TO PROVIDE HEALTH CARE TO THE LOW INCOME, UNINSURED, AND UNDERINSURED INDIVIDUALS RESIDING IN THE COMMUNITY THE SOS AND HOAG COLLABORATION INCLUDE S MORE THAN 150 VOLUNTEER HEALTHCARE SPECIALISTS AVAILABLE TO PROVIDE CARE TO SOS PATIENTS BY PROVIDING DIAGNOSTIC TESTS, PROCEDURES, HOSPITALIZATIONS AND ER VISITS FOR SOS PATIENT S IN ADDITION, SOS HAS ACQUIRED A PEDIATRIC CLINIC FROM THE CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) HOAG IS CURRENTLY BUILDING A PHYSICAL SITE FOR THIS CLINIC WHICH WILL SERV E PRIMARILY LOW INCOME FAMILIES FROM THE COSTA MESA AND NEWPORT BEACH COMMUNITIES - HOAG HOSPITAL ALSO MAINTAINS A UNIQUE RELATIONSHIP WITH THE ALZHEIMER'S FAMILY RESOURCE CENTER (AFSC) WHICH IS COMMITTED TO THE MISSION OF IMPROVING THE QUALITY OF LIFE FOR FAMILIES CHA LLENGED BY ALZHEIMER'S DISEASE OR ANOTHER DEMENTIA THROUGH SERVICES TAILORED TO MEET INDIV IDUAL NEEDS HOAG HOSPITAL OWNS THE AFSC FACILITY AND PROVIDES IT AT NO CHARGE, INCLUDING MAINTENANCE SERVICES AS SPECIFIED IN THE LEASE, TO THE AGENCY ADDITIONALLY, THE HOSPITAL PROVIDES ANNUAL OPERATING AND TRANSPORTATION GRANTS, AND IN-KIND SERVICES SUCH AS CONSULTA TION IN NURSING AND COMPLIANCE-RELATED ISSUES TO THE CENTER - HOAG'S MENTAL HEALTH CENTER (MHC) PROVIDES BICULTURAL SERVICES ON A SLIDING SCALE TO PEOPLE WHO OTHERWISE COULD NOT O BTAIN MENTAL HEALTH SERVICES DURING FY 2015, THE CENTER PROVIDED MENTAL HEALTH SERVICES T O 746 CLIENTS IN THE FORM OF PSYCHOTHERAPY, RESOURCE BROKERING, AND/OR CASE MANAGEMENT IN ADDITION, THE PROGRAM OFFERED PSYCHOTHERAPEUTIC AND PSYCHO EDUCATIONAL GROUPS TO 897 PART ICIPANTS - THROUGH THE HOAG HEALTH MINISTRIES PROGRAM, THE FAITH COMMUNITY NURSE'S (FCN'S) ADMINISTERED 7,373 FLU VACCINE DOSES TO FAITH MEMBERS AND OTHER COMMUNITY MEMBERS - IN COLLABORATION WITH HOAG'S NEUROSCIENCES INSTITUTE AND THE ALZHEIMER'S FAMILY SERVICES CENT ER, HOAG COMMUNITY BENEFIT SPONSORED THE 2015 SPIRITUALITY CONFERENCE - "GROWING IN LIFE'S TRANSITIONS" THE CONFERENCE WAS ATTENDED BY 175 COMMUNITY CLERGY, HEALTH CARE PROFESSION ALS AND CAREGIVERS - HOAG HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYS ICIANS IN ITS COMMUNITY THROUGH A CREDENTIALING PROCESS MEMBERSHIP AND PRIVILEGES ARE GRA NTED TO QUALIFIED MD'S, DO'S, AND OTHER ALLIED HEALTH PROFESSIONALS BY THE MEDICAL STAFF A ND HOAG HOSPITAL BOARD OF DIRECTORS - AS A NOT-FOR-PROFIT INSTITUTION, GOVERNANCE IS PROV IDED BY A VOLUNTEER BOARD OF DIRECTORS COMPRISED OF 19 VOTING MEMBERS A MAJORITY OF THE O RGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIM ARY 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 INC OME TO PROMOTING THE HEALTH OF THE COMMUNITY, SPECIFICALLY SERVING THE NEEDS OF THE UNINSU RED AND LOW INCOME COMMUNITIES THROUGH CHARITY CARE AND A VARIETY OF FREE OR LOW COST SERV ICES AND PROGRAMS PROVIDED BY THE DEPARTMENT OF COMMUNITY HEALTH - IN AN EFFORT TO INCREA SE THE COMMUNITY POOL OF AVAILABLE TRAINED AND EDUCATED HEALTH PROFESSIONALS, HOAG INVESTS ANNUALLY IN HEALTH PROFESSIONAL TRAINING AND DEVELOPMENT THE HOSPITAL CURRENTLY WORKS WI TH A NUMBER OF PROFESSIONAL GROUPS IN THIS ENDEAVOR, INCLUDING NURSES, PHYSICAL THERAPISTS , PHARMACISTS, LABORATORY PROFESSIONALS, SOCIAL WORKERS, AND CLINICAL CARE EXTENDERS - HO AG PROVIDES UNCOMPENSATED CARE (CHARITY) TO PATIENTS WHO ARE UNABLE TO PAY FOR THE FULL CO ST OF THEIR CARE HOAG'S CHARITY CARE AND SELF PAY DISCOUNT POLICY STATES THAT SELF-PAY AN D 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 LEV EL TOTAL QUANTIFIABLE COMMUNITY BENEFIT EXPENDITURES (EXCLUDING MEDICARE COST OF UNREIMBU RSED CARE) FOR FY2015 AMOUNTED TO OVER $40 MILLION - HOAG'S DEPARTMENT OF COMMUNITY HEALT H IS CURRENTLY DEVELOPING THE CENTER FOR HEALTHY LIVING, A UNIQUE COLLABORATIVE ENDEAVOR C OMPRISING MANY OF ORANGE COUNTY'S LEADING NONPROFIT PROVIDERS OF HEALTH, MENTAL AND SPIRIT UAL SERVICES THE CENTER PLANS TO PROVIDE CULTURAL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	LY SENSITIVE SERVICES AND RESOURCES THAT ENABLE PREVENTION, ADDRESS THE ROOT CAUSES OF DIS EASE AND IMPROVE HEALTH OUTCOMES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM HOAG HOSPITAL IS A NONPROFIT REGIONAL HEALTHCARE DELIVERY NETWORK CONSISTING OF TWO ACUTE-CARE HOSPITALS, FIVE URGENT CARE CENTERS AND SEVEN HEALTH CENTERS IN 2013, HOAG HOSPITAL BECAME AFFILIATED WITH ST JOSEPH HEALTH, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SPONSORED BY THE ST JOSEPH HEALTH MINISTRY ST JOSEPH HEALTH IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO THE SYSTEM INCLUDES 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS IN 1986, ST JOSEPH HEALTH SYSTEM CREATED A PLAN AND BEGAN AN EFFORT TO FURTHER ITS COMMITMENT TO NEIGHBORS IN NEED WITH A VISION OF REACHING BEYOND THE WALLS OF ITS HEALTHCARE FACILITIES AND TRANSCENDING TRADITIONAL EFFORTS OF PROVIDING FINANCIAL ASSISTANCE FOR THOSE IN NEED OF ACUTE SERVICES, ST JOSEPH HEALTH SYSTEM CREATED THE ST JOSEPH HEALTH SYSTEM FOUNDATION TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES OUR FOUNDATIONAL DOCUMENT, A VISION OF VALUES, FORMALIZES A POLICY THROUGH WHICH THE HOSPITAL MINISTRIES RETURN TEN PERCENT OF THEIR NET INCOME TO THE ST JOSEPH HEALTH SYSTEM FOUNDATION TO SUPPORT OUTREACH EFFORTS FOR THE MATERIALLY POOR THE FOUNDATION THEN FUNDS PROGRAMS IN COMMUNITIES SERVED BY ST JOSEPH HEALTH HOSPITALS THAT EXEMPLIFY THE FOUR CORE VALUES OF ST JOSEPH HEALTH SYSTEM SERVICE, EXCELLENCE, DIGNITY, AND JUSTICE

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 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 5	INPUT FROM COMMUNITY REPRESENTATIVES TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HOAG MEMORIAL HOSPITAL PRESBYTERIAN, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 151 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW ONLINE KEY INFORMANT SURVEY PARTICIPATION KEY INFORMANT TYPE NUMBER INVITED NUMBER PARTICIPATING PHYSICIANS 11 6 PUBLIC HEALTH EXPERTS 16 7 OTHER HEALTH PROVIDERS 59 22 SOCIAL SERVICE PROVIDERS 157 82 BUSINESS & COMM LEADERS 60 34 THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS, OR OTHER MEDICALLY UNDERSERVED POPULATIONS MINORITY POPULATIONS REPRESENTED AFRICAN-AMERICANS, AMERICAN INDIAN/ALASKAN NATIVE, ASIANS, BLIND/LOW VISION, CAMBODIANS, CAUCASIANS, CHILDREN, CHILDREN OF PRISONERS, CHINESE, DISABLED, ELDERLY, ESL, FAMILIES, FILIPINOS, FOSTER CHILDREN, HARD-TO-REACH, HISPANICS, HOMELESS, IMMIGRANTS, IRANIANS, JAPANESE, JEWISH, KENYAN, KOREAN, LGBT, LOW-INCOME, MARSHALLESE, MEDICAL, MEDICARE, MENTALLY-IIL, MIDDLE CLASS, MIDDLE EASTERN, MULTIRACIAL, NON-ENGLISH-SPEAKING, OTHER ETHNIC DEMOGRAPHICS, PACIFIC ISLANDER, PERSIAN, POLITICAL REFUGEES, PREGNANT WOMEN, SOMALIAN, TEEN PARENTS, THE UNDERSERVED, THE UNDOCUMENTED, UNINSURED/UNDERINSURED, VETERANS, VICTIMS OF ABUSE, VIETNAMESE, WOMEN, AND YOUNG ADULTS MEDICALLY UNDERSERVED POPULATIONS REPRESENTED AFRICAN-AMERICANS, THOSE WITH ALZHEIMER'S/DEMENTIA, ASIANS, BLIND/LOW-VISION, CAMBODIANS, CAUCASIANS, CHILDREN, CHILDREN OF PRISONERS, DIABETICS, DISABLED, ELDERLY, ELIGIBLE PUBLIC PROGRAM RECIPIENTS, FAMILIES, FOSTER CHILDREN, HIGH-RISK FOR UNPROTECTED SEXUAL ACTIVITY, HISPANIC, HOMEBOUND, HOMELESS, IMMIGRANTS, KOREANS, LGBT, LOW EDUCATION LEVEL, LOW-INCOME, MEDICAID, MEDICAL, MEDICARE, MENTALLY ILL, MIDDLE EASTERN, MSI, NEWLY-INSURED, NON-ENGLISH-SPEAKING, NON-SENIORS (DON'T QUALIFY FOR SSD), PREGNANT WOMEN, SEVERE TRAUMATIC HISTORIES, SUBSTANCE ABUSERS, TEENAGERS, UNDOCUMENTED, UNEMPLOYED, UNINSURED/UNDERINSURED, VETERANS, "WORKING-POOR" FAMILIES, AND YOUNG ADULTS PARTICIPANTS INCLUDE REPRESENTATIVES OF THE FOLLOWING ORGANIZATIONS 211 AIDS SERVICES FOUNDATION ORANGE COUNTY ALZHEIMER'S ASSOCIATION ALZHEIMER'S FAMILY SERVICES CENTER AMERICAN DIABETES ASSOCIATION AMERICAN ON TRACK BOYS & GIRLS CLUB OF SANTA ANA CARE CONNECTIONS NETWORK CASA TERESA INC CITY OF IRVINE CORDULA CARES FAMILIES FORWARD HCA HOAG MEMORIAL HOSPITAL PRESBYTERIAN HOAG MENTAL HEALTH CENTER ILLUMINATION FOUNDATION IRVINE CHILDREN'S FUND IRVINE PUBLIC SCHOOLS FOUNDATION KID HEALTHY LAGUNA BEACH SENIORS LATINO HEALTH ACCESS LOCAL LAW ENFORCEMENT MARCH OF DIMES MOMS ORANGE COUNTY NEWPORT-MESA UNIFIED SCHOOL DISTRICT ORANGE COAST UNITARIAN UNIVERSALIST ORANGE COUNTY HEALTH CARE AGENCY, PUBLIC HEALTH SVCS PROVIDENCE SPEECH AND HEARING CENTER SENECA FAMILY OF AGENCIES SENIORSERV

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 http //www hoag org/documents/2015-Community-Health-Needs-Assessment-Repor t-Hoag-Hospital pdf FACILITY 2 http //www orthopedichospital com/documents/2015-Hoag-CHNA pdf

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 http //www hoag org/documents/Community-Benefit-Reports/Implementation-Str ategy-Hoag-2015-2018 pdf FACILITY 2 http //www hoag org/documents/Community-Benefit-Reports/Implementation-Str ategy-HOI-2015-2018 pdf

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	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 1 ACCESS TO CARE FOR VULNERABLE POPULATIONS 2 CHRONIC DIS EASE MANAGEMENT 3 MENTAL HEALTH 4 PREVENTATIVE HEALTH IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, HOAG MEMORIAL HOSPITAL PRESBYT ERIAN DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSI NG, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE HEALTH PRIORITIES NOT CHOSEN FOR ACTION SUBSTANCE ABUSE SUBSTANCE ABUSE TREATMENT FOR THE VULNERABLE POPULATION IS CURRENTLY BEING ADDRESSED ON A LIMITED SCALE BY THE CHEMICAL DEPENDENCY PROGRAM AT HOA G IN 2016, HOAG PLANS TO EXPAND THE SERVICES TO INCLUDE ADOLESCENCE THROUGH THE ASPIRE PR OGRAM THIS INTENSIVE OUTPATIENT PROGRAM PROVIDES PSYCHOTHERAPY, PSYCHIATRY, AND SOCIALIZA TION FOR CLIENTS WITH A HIGHER MENTAL HEALTH DISORDER ACUITY THE FOLLOWING OUTLINES HOAG' S PRIORITY HEALTH ISSUES CHOSEN FOR ACTION DURING FY2016-FY2018 ACCESS TO CARE FOR VULNER ABLE POPULATIONS STRATEGIES TO ADDRESS NEED PROVIDE FUNDING AND/OR IN KIND SUPPORT TO PRIM ARY CARE CLINICS THAT SERVE PEDIATRICS THROUGH SENIORS PROVIDE FUNDING AND/OR IN KIND SUPP ORT TO COMMUNITY NON-PROFIT ORGANIZATIONS THAT REDUCES BARRIERS TO ACCESSING CARE PROVIDE FUNDING AND/OR IN KIND SUPPORT TO WOMEN'S HEALTH SPECIALTY SERVICES CHRONIC DISEASE MANAGE MENT STRATEGIES TO ADDRESS NEED PROVIDE CHRONIC DISEASE MANAGEMENT EDUCATION AND SUPPORT G ROUPS PROVIDE FUNDING AND/OR IN KIND SUPPORT TO COMMUNITY ORGANIZATIONS FOCUSED ON CHRONIC DISEASE MANAGEMENT MENTAL HEALTH STRATEGIES TO ADDRESS NEED PROVIDE PSYCHOTHERAPY IN INDI VIDUAL, GROUP, FAMILY, AND COUPLE FORMAT THROUGH HOAG'S MENTAL HEALTH CENTER PRIMARILY FOC USED ON THE LOW INCOME POPULATION INTEGRATE PSYCHIATRIC SERVICES FOR THE MENTAL HEALTH CE NTER PROVIDE FUNDING AND/OR IN KIND SUPPORT TO COMMUNITY ORGANIZATIONS FOCUSED ON MENTAL H EALTH PREVENTATIVE HEALTH STRATEGIES TO ADDRESS NEED PROVIDE INFLUENZA IMMUNIZATION CLINIC S FOR THE COMMUNITY PROVIDE HEALTH AND WELLNESS OUTREACH TO FAITH BASED ORGANIZATIONS THRO UGH THE HEALTH MINISTRIES PROGRAM PROVIDE FUNDING AND/OR IN KIND SUPPORT TO OBESITY PREVE NTION PROGRAMS PROVIDE FUNDING AND/OR IN KIND SUPP

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	ORT TO NUTRITION EDUCATION PROVIDE FUNDING AND/OR IN KIND SUPPORT TO PHYSICAL ACTIVITY PRO GRAMS PROVIDE SMOKING CESSATION CLASSES SCHEDULE H, PART V, SECTION B, LINE 13H HOAG PROVI DES FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE FAMILY INCOME LEVELS OF UP TO 400% THE FEDER AL POVERTY LEVEL (FPL) GUIDELINES HOAG GIVES CONSIDERATION TO ELIGIBLE PATIENTS WITH INSU RANCE 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 DETER MINATION 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 COUNCILORS, BY MAIL, AND BY CONTACTING HOAG'S PATIENT FINANCIAL SERVICES CALL CENTER AT (949) 764-8400

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 http //www hoag org/Patients-Visitors/Billing-Information/Financial-Assist ance-Charity-Care aspx Facility 2 http //www orthopedichospital com/For-Patients/After-Your-Visit/Financial-Assistance aspx SCHEDULE H, PART V, SECTION B, LINE 16B Facility 1 http //www hoag org/documents/Hoag-Charity-Care-Application_030415 pdf Facility 2 http //www orthopedichospital com/documents/Charity-Care-Application pdf SCHEDULE H, PART V, SECTION B, LINE 16I THE POLICY IS COMMUNICATED VIA OUR WEBSITE, ON THE BACK OF THE PATIENT STATEMENTS, IN THE LOBBY OF EACH FACILITY, AND VIA OUR FINANCIAL COUNSELORS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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" to 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 non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 66

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Freedom from Smoking	1	6,000		FMV	
(2) CPR Training	1	4,731		FMV	

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	DESCR 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 CB 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 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 Code 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 Dance2025 South Main St Santa Ana,CA 92707	26-2657759	501(c)(3)	15,000				HEALTHY LIFE STYLES
Access California Services 2180 W Crescent AveC Anaheim,CA 92801	33-0826205	501(c)(3)	45,000				Expansion of Mental Health Program and other programs
Access Orange County1505 E17th St 209 Santa Ana,CA 92705	45-5011901	501(c)(3)	40,000				OUTPATIENT SURGERY PROGRAM

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 Code 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 BldgA 2000 Laguna Woods,CA 92637	93-1163563	501(c)(3)	163,165				Senior Transportation, Operations of programs, Mobile Meals
AID Service Foundation 17982 Sky Park Circle J Irvine,CA 92614	33-0126481	501(c)(3)	25,000				PROGRAM DEVELOPMENT
Alzheimer's Family Services Center9451 Indianapolis Ave Huntington Beach,CA 92646	95-3463978	501(c)(3)	1,441,230				OPERATIONS, MATCHING GRTS, MISC GRANTS

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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Lung Association 1570 E 17th St F Santa Ana,CA 92705	95-0362650	501(c)(3)	20,000				ASTHMA EDUCATIONAL PROGRAMS
American Red Cross601 N Golden Circle Santa Ana,CA 92705	53-0196605	501(c)(3)	10,000				PILOT EDUCATIONAL PROGRAM
America on Track600 W Santa Ana 701 Santa Ana,CA 92701	33-0724044	501(c)(3)	20,000				HEALTH AND NUTRITION PROGRAMS

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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boys & Girls Club Santa Ana 250 N Golden Circle 104 Santa Ana,CA 92705	95-1893417	501(c)(3)	25,000				MIND, BODY AND SOUL PROGRAM
Cambodian Family1626 E 4th St Santa Ana,CA 92701	95-3854831	501(c)(3)	50,000				HEALTHY CHANGE PROGRAM
Casa Teresa Inc123 West Maple Ave Orange,CA 92866	95-3251986	501(c)(3)	25,000				Expansion of Education and Career Development Development

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 Code 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
Center Orange County LGBT 1605 N Spurgeon St Santa Ana,CA 92701	95-2934041	501(c)(3)	20,000				MENTAL HEALTH SVCS
Charitable Ventures of Orange County Inc1505 E 17th St 101 Santa Ana,CA 92705	20-8756660	501(c)(3)	250,000				Develop OC Women's Health Project's Operating Infrastructure
Childrens Hospital Orange County (CHOC)455 S Main St Orange,CA 92868	95-2321786	501(c)(3)	640,000				Pediatric Diabetes Services at Allen Diabetes Center

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 Code 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 Foundation455 S Main St Orange, CA 92868	95-6097416	501(c)(3)	200,000				IUSD/CHOC Athletic Program, Pledge CVICU/NICU
City of Huntington Beach Council on Aging1706 Orange Ave Huntington Beach, CA 92648	51-0179431	501(c)(3)	180,000				Senior Transportation, Meals, & Project Self Sufficiency for HB Senior Center
City of IrvinePO Box 19575 Irvine, CA 92623	95-2759391	govt	45,000				MENTAL HEALTH

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 Code 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 Newport BeachPO Box 1768 Newport Beach, CA 92658	95-6000751	govt	106,000				Oasis Senior Center Transportation Services
Orange County Fire Chief's AssociationPO Box 3080 Rev Div Newport Beach, CA 92658	33-0027276	501(c)(3)	50,685				Orange County Alternate Destination Pilot program program
Community Senior Serv1200 N Knollwood Cir Anaheim, CA 92801	95-2771715	501(c)(3)	10,000				Support Nutritional programs

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 Code 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 OC1971 East 4th St 200 Santa Ana,CA 92705	95-2874089	501(c)(3)	10,000				Just Imagine Luncheon
City of Costa MesaPO Box 1200 Costa Mesa,CA 92628	95-6005030	govt	106,710				New ownership of Costa Mesa Senior Center, Senior Transportation
Costa Mesa Senior Center 695 West 19th St Costa Mesa,CA 92627	33-8265009	501(c)(3)	46,175				Senior Transportation and program development

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 Code 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
Crohn's & Colitis Foundation of America Inc3972 Barranca PkwyJ276 Irvine,CA 92606	13-6193105	501(c)(3)	25,000				Bowel Disease Education program
EMS Safety Services1046 Calle Recodo K San Clemente,CA 92673	33-0604523		5,452				AED Provided to churches
Epilepsy Support Network 9114 Adams Ave 288 Huntington Beach,CA 92646	27-0681680	501(c)(3)	25,000				PROGRAM SUPPORT

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 Code 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
Families Forward8 Thomas Irvine,CA 92618	33-0086043	501(c)(3)	20,000				Community Cares Program
Girls Incorporated of Orange County1815 Anaheim Ave Costa Mesa,CA 92627	95-1810150	501(c)(3)	30,000				Community programs - Fit Girls and Families
Goodwill Orange County410 N Fairview Santa Ana,CA 92703	95-1644018	501(c)(3)	20,000				Fitness Center

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 Code 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
Healing Heart Camp Erin 3130 S Harbor Blvd 250 Santa Ana,CA 92704	86-1098602	501(c)(3)	25,000				Help and support programs for grieving children children
Healthy Smiles10602 Chapman Ave 200 Garden Grove,CA 92840	38-3675065	501(c)(3)	16,000				Provide children's dental services at Oakview District in Huntington Bch
Human Options IncPO Box 53745 Irivne,CA 92619	95-3667817	501(c)(3)	125,000				Grant Support for programs

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 Code 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
Infection Disease Association of CaliforniaPO Box 66751 Los Angeles,CA 90006	95-4106813	501(c)(3)	15,000				Sponsorship Educational Conference
Illumination Foundation2691 Richter Ave 107 Irvine,CA 92606	71-1047686	501(c)(3)	15,000				Healthcare & Outreach
Irvine Adult Day Health Services20 Lake Road Irvine,CA 92604	33-0599371	501(c)(3)	121,469				Expansion of Educational programs and Senior Transportation Transportation

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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Irvine Childrens Fund14301 Yale Ave Irvine,CA 92604	33-0177921	501(c)(3)	45,000				Provides Before and After School Child Care Scholarships Scholarships
Irvine Community Drug Prevention Coalition19 Mariposa Ivine,CA 92604	33-0084831	501(c)(3)	20,000				Drug Prevention program
Irvine Public Schools Foundation18552 MacArthur Blvd 2300 Irvine,CA 92612	33-0733191	501(c)(3)	100,000				Pledge for matching funds Generation Wall Hoag Irvine

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 Code 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
Jewish Federation & Family Services1 Federation Way Suite 220 Irvine,CA 92603	95-2407026	501(c)(3)	40,000				Sponsorship Chicken Soup for the Silver Soul
JDRF international179922 Mitchell S Ste 100 Irvine,CA 92614	23-1907729	501(c)(3)	41,000				program development
Laguna Beach Senior Center 380 Third St Laguna Beach,CA 92651	95-2983350	501(c)(3)	24,000				Feeling the Blues

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 Code 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 Access1701 N Main St 200 Santa Ana,CA 92706	33-0562943	501(c)(3)	135,000				Grants for Latino Health problems, Diabetes, etc
Laurel HouseOne Hope Dr Tustin,CA 92782	30-0611748	501(c)(3)	15,000				Home for Teens
Mariposa Women and Family Center812 W Town Country Rd Orange,CA 92866	95-3626580	501(c)(3)	25,000				Community Counseling Program

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 Code 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
MOMS Orange County1128 W Santa Ana Santa Ana,CA 92703	33-0518078	501(c)(3)	95,000				Support educational programs
National Kidney Foundation 15490 Ventura Blvd 210 Sherman Oaks,CA 91403	95-1998472	501(c)(3)	25,000				OC Kidney Walk
Newport -Mesa Unified School District2985 A Bear St Costa Mesa,CA 92626	95-2417783	GOVT	642,376				Expansion of 13 programs for the HOPE Clinic

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 Code 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
Oakview Renewal Partnership PO Box 3476 Huntington Beach, CA 92505	61-1495237	501(c)(3)	200,000				Sustaining Fund
ONE OC1901 E Fouth St 100 Santa Ana, CA 92705	95-2021700	501(c)(3)	200,000				Grants & Contributions to other Non-profit service organizations
Orange County Dept of Ed 200 Kalmus Dr Costa Mesa, CA 92628	95-6000943	501(c)(3)	120,000				Addresses student success & wellness

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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Orange County Human Relations1300 S Grand Ave Bldg B Santa Ana,CA 92705	33-0438086	501(c)(3)	57,500				Bridges School Inter Group Relations & Violence Prevention programs
Orange County United Way 180125 Mitchell Ave South Irvine,CA 92614	33-0047994	501(c)(3)	52,719				Loan Exec Program
Pediatric Adolescent Diabetes Research455 South Main St Orange,CA 92868	33-0099451	501(c)(3)	106,072				Diabetes Education

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 Code 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
Planned Parenthood Orange & San Bernardino700 S Tustin Street Orange, CA 92866	95-6152773	501(c)(3)	100,000				Renovation of Costa Mesa Health Center
Providence Speech & Hearing Center1301 Providence Ave Orange, CA 92868	95-6154473	501(c)(3)	135,000				Low income subsidy program and El Sol Clinic Collaborative
Save Our Youth661 Hamilton 180 Costa Mesa, CA 92627	33-0585600	501(c)(3)	25,000				Operating support

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 Code 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
Seneca Family of Agencies 18302 Irvine Blvd 300 Tustin,CA 92780	94-2971761	501(c)(3)	20,000				Mental Health Clinics
Serve the People Health Center1206 E 17th St 101 Santa Ana,CA 92701	27-0421556	501(c)(3)	25,000				DentaL Care
Share Our Selves Clinic1550 Superior Ave Costa Mesa,CA 92627	95-3222316	501(c)(3)	1,926,460				Bridge funding

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 Code 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
Someone Cares Soup Kitchen 720 W 19th St Costa Mesa,CA 92627	33-0279080	501(c)(3)	10,000				Supports programs to feed the underserved
St Joachim Catholic Church 1964 Orange Ave Costa Mesa,CA 92627	95-3855154	501(c)(3)	10,000				Priest provides services for Hoag Hospital
Strength in Support (SIS) 23046 Aven dela Carlota Laguna Hills,CA 92653	46-1896501	501(c)(3)	25,000				Mental Health services to Veterans

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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation3191 A Airport Loop Dr Costa Mesa,CA 92626	33-0487943	501(c)(3)	50,000				Breast Health Screening for Latinas/African Americans
Sweet Success Express ProgramPO Box 9705 Fountain Valley,CA 92728	34-2044369	501(c)(3)	15,000				Diabetes Education
Youth Employment Services 114 East 19th St Costa Mesa,CA 92627	95-2704522	501(c)(3)	20,000				Provide pre-employemnt training, job counseling to young people

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 Code 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
2 1 1 Orange CountyPO Box 14277 Irvine, CA 92623	33-0063532	501(c)(3)	50,000				211 Information/Referral Call Centger operating support support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOAG MEMORIAL HOSPITAL PRESBYTERIAN

Employer identification number
95-1643327

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in 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**	Yes	
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 in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported in 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

(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 in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 1A	SUPPLEMENTAL COMPENSATION INFORMATION THE PREVIOUS CHIEF QUALITY OFFICER (JACK COX) WAS PROVIDED WITH A RELOCATION LOAN IN ACCORDANCE WITH HIS EMPLOYMENT CONTRACT EACH YEAR THERE IS IMPUTED INCOME THAT IS GROSSED UP FOR TAX PURPOSES WHICH IS REPORTED AS TAXABLE INCOME TO THE EXECUTIVE AND INCLUDED IN COLUMN B (III) OF PART II THE RELOCATION LOAN WAS SUBSEQUENTLY PAID IN FULL AND THERE WAS NO OUTSTANDING BALANCE AT THE END OF TAX YEAR 2014
SCHEDULE J, PART I, LINE 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS THAT IS COMPLETED BY ST JOSEPH HEALTH SYSTEM
SCHEDULE J, PART I, LINE 4A	TERRI CAMMARANO RECEIVED A $523,463 SEVERANCE PAYMENT RANDAL RAY RECEIVED A $248,734 SEVERANCE PAYMENT NINA ROBINSON RECEIVED A $246,397 CHANGE IN CONTROL PAYMENT AS A RESULT OF THE AFFILIATION WITH ST JOSEPH HEALTH SYSTEM JENNIFER MITZNER RECEIVED A $315,976 CHANGE IN CONTROL PAYMENT AS A RESULT OF THE AFFILIATION WITH ST JOSEPH HEALTH SYSTEM
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 THEIR EMPLOYMENT CONTRACTS THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM THE SERP PLAN DURING THE YEAR JENNIFER MITZNER - $200,488 JACK COX - $1,424,464 THE ORGANIZATION MAINTAINS A LEGACY DEFERRED COMPENSATION PLAN THAT IS FROZEN (NO NEW CONTRIBUTION CAN BE MADE)

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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Robert Braithwaite, CEO-Hoag, Reg VP-S CA Region	(I)	0	0	0	0	0	0	0
	(II)	556,186	295,295	100,568	4,230	35,058	991,337	0
Jack Cox, SVP & Chief Quality Officer	(I)	422,904	57,786	1,486,468	135,769	8,792	2,111,719	1,424,464
	(II)	0	0	0	0	0	0	0
Richard Martin, SVP & Chief Nursing Officer	(I)	436,576	62,932	2,863	41,487	8,418	552,276	0
	(II)	0	0	0	0	0	0	0
Jennifer Mitzner, SVP, CFO-S CA Region	(I)	261,283	510,754	202,521	33,820	0	1,008,378	200,488
	(II)	241,652	0	47,351	799	12,270	302,072	0
Sanford Smith, SVP Real Estate & Facilities	(I)	394,870	56,906	2,863	58,841	9,602	523,082	0
	(II)	0	0	0	0	0	0	0
Timothy C L Moore, SVP & Chief Info Officer	(I)	418,171	55,542	3,143	28,212	25,928	530,996	0
	(II)	0	0	0	0	0	0	0
Cynthia Perazzo, SVP Strategic & Business Dvpmt	(I)	394,870	56,906	1,065	24,770	15,868	493,479	0
	(II)	0	0	0	0	0	0	0
Flynn Andrizzi, SVP/Pres HHF/Board Member HCS	(I)	387,191	79,421	6,008	23,176	25,928	521,724	0
	(II)	0	0	0	0	0	0	0
Jan Blue, SVP Human Resources	(I)	344,424	49,648	5,131	22,137	8,718	430,058	0
	(II)	0	0	0	0	0	0	0
Kris Iyer MD, VP SR & CAO HMTS	(I)	385,424	100,712	57,064	13,000	1,572	557,772	0
	(II)	0	0	0	0	0	0	0
Nina Robinson, VP Marketing and Corp Comm	(I)	246,141	274,301	1,988	13,000	930	536,360	0
	(II)	0	0	0	0	0	0	0
Gwyn Parry, Director of Community Medicine	(I)	284,953	19,737	5,636	16,900	14,313	341,539	0
	(II)	0	0	0	0	0	0	0
Terri Cammarano, VP Legal	(I)	100,130	289,531	523,871	15,525	6,985	936,042	0
	(II)	0	0	0	0	0	0	0
Michael Brand-Zawadzki, Executive Medical Director COE	(I)	428,435	106,975	28,459	13,660	17,181	594,710	0
	(II)	0	0	0	0	0	0	0
Randal Ray, Director of Revenue Cycle	(I)	59,621	28,385	272,437	5,534	2,588	368,565	0
	(II)	0	0	0	0	0	0	0
Richard Afable MD, Fmr Pres,CEO,BM/BM HHF/SJH EVP	(I)	0	0	0	0	0	0	0
	(II)	734,253	282,505	137,561	3,069	32,558	1,189,946	0
Andrew Guarni, CFO	(I)	234,998	68,120	2,684	15,626	12,306	333,734	0
	(II)	0	0	0	0	0	0	0

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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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 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	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total		▶ $			0							

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) ALEXANDER EASTON	SEE PART V	13,753	SEE PART V		No
(2) MELISSA DICKERSON	SEE PART V	81,423	SEE PART V		No
(3) NEWPORT EMERGENCY MEDICAL GROUP	SEE PART V	268,500	SEE PART V		No
(4) HOAG MEDICAL GROUP	SEE PART V	151,568	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS RELATIONSHIPS LINE (1) - JAKE EASTON III, BOARD MEMBER, IS THE FATHER OF ALEXANDER EASTON WHO WORKS AT HOAG IN THE EMERGENCY DEPARTMENT LINE (2) - TIMOTHY MOORE, SVP & CHIEF INFORMATION OFFICER, IS THE FATHER-IN-LAW OF MELISSA DICKERSON WHO IS AN EMPLOYEE OF HOAG LINE (3) - RAYMOND RICCI, BOARD MEMBER OF HMHP, IS THE OWNER, PRESIDENT AND PRACTICING PHYSICIAN OF NEWPORT EMERGENCY MEDICAL GROUP INC , A MEDICAL GROUP THAT PROVIDES EMERGENCY SERVICES AND MEDICAL DIRECTORSHIP (RAYMOND AS A CHIEF OF SERVICE) TO HOAG LINE (4) - KRIS IYER, KEY EMPLOYEE OF HMHP, IS THE OWNER OF HOAG MEDICAL GROUP (HMG) HMG IS A PHYSICIAN GROUP THAT PROVIDES VARIOUS PROFESSIONAL SERVICES TO HOAG

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS EXECUTIVE SUMMARY THE COMMUNITY HEALTH DEPARTMENT AT HOAG MEMORIAL HOSPITAL PRESBYTERIAN (HOAG) WAS ESTABLISHED IN 1995 SINCE ITS BEGINNING THE PRO GRAM HAS FOCUSED ON TWO PRINCIPAL STRATEGIES - PROVIDE NECESSARY HEALTHCARE-RELATED SERVI CES WHICH ARE UNDUPLICATED IN THE COMMUNITY - PROVIDE FINANCIAL SUPPORT TO EXISTING COMMU NITY BASED NOT-FOR-PROFIT ORGANIZATIONS WHICH ALREADY PROVIDE EFFECTIVE HEALTHCARE AND REL ATED SOCIAL SERVICES TO MEET COMMUNITY HEALTH NEEDS THE DEPARTMENT OF COMMUNITY HEALTH, L ED BY ITS DIRECTOR, GWYN PARRY, MD, IS RESPONSIBLE FOR THE COORDINATION OF HOAG'S COMMUNIT Y BENEFIT REPORTING, AND PROVIDES FREE PROGRAMS TO ASSIST THE UNDERSERVED IN THE COMMUNITY THESE INCLUDE MENTAL HEALTH SERVICES, COMMUNITY CASE MANAGEMENT AND HEALTH MINISTRIES CO ORDINATION IN ADDITION TO THESE SERVICES, MANY OTHER HOAG DEPARTMENTS PROVIDE COMMUNITY H EALTH SERVICES INCLUDING EDUCATION AND SUPPORT GROUPS WHICH ARE FREE TO THE COMMUNITY HOA G ALSO HAS SUBSTANTIAL RELATIONSHIPS WITH LOCAL COLLEGES AND UNIVERSITIES TO INVEST IN THE EDUCATION OF VARIOUS HEALTH PROFESSIONS COMMUNITY BENEFIT GRANTS SUPPORT HOAG HEALTH ASS OCIATES- ORGANIZATIONS THAT PROVIDE A BROAD RANGE OF SERVICES, INCLUDING THE FOLLOWING - FREE MEDICAL AND DENTAL CARE - ADULT DAY CARE AND EDUCATION FOR PERSONS WHO SUFFER FROM AL ZHEIMER'S DISEASE OR MILD DEMENTIA, WITH SUPPORT AND EDUCATION FOR THEIR CAREGIVERS AND FA MILIES - TRANSPORTATION SERVICES FOR LOCAL SENIOR CENTERS INTRODUCTION THE HOAG MEMORIAL H OSPITAL PRESBYTERIAN COMMUNITY BENEFIT PROGRAM WAS FORMALIZED IN 1995 AND HAS GROWN SIGNIF ICANTLY SINCE THAT TIME. WE HAVE SERVED OVER 80 NONPROFIT COMMUNITY ORGANIZATIONS IN A VAR IETY OF HEALTH AND SOCIAL SERVICE CATEGORIES WE CONTINUE TO EMPHASIZE THE DEVELOPMENT OF SUSTAINED COLLABORATIVE RELATIONSHIPS AND THE PROVISION OF UNDUPLICATED SERVICES TO DISADV ANTAGED RESIDENTS IN OUR COMMUNITY AS CORE ELEMENTS OF THE PROGRAM HOAG'S NONPROFIT REGIO NAL HEALTH CARE DELIVERY NETWORK CONSISTS OF TWO ACUTE-CARE HOSPITALS - HOAG HOSPITAL NEWP ORT BEACH, WHICH OPENED IN 1952, AND HOAG HOSPITAL IRVINE, WHICH OPENED IN 2010 - IN ADDIT ION TO EIGHT URGENT CARE CENTERS AND SIX HEALTH CENTERS, AND HAS DELIVERED A LEVEL OF PERS ONALIZED CARE THAT IS UNSURPASSED AMONG ORANGE COUNTY'S HEALTH CARE PROVIDERS RENOWNED FO R ITS EXCELLENCE, SPECIALIZED HEALTH CARE SERVICES AND EXCEPTIONAL PHY SICIANS AND STAFF, H OAG IS ADMIRED AS ONE OF CALIFORNIA'S LEADING HOSPITALS IT IS ONE OF THE COUNTY'S LARGEST EMPLOYERS WITH APPROXIMATELY 5,000 EMPLOY EES AND MORE THAN 2,000 VOLUNTEERS HOAG'S NETWO RK OF MORE THAN 1,500 PHY SICIANS REPRESENTS 52 DIFFERENT SPECIALTIES HOAG IS A DESIGNATED MAGNET HOSPITAL BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) AND IS FULLY ACCREDITE D BY DNV IN 2013, HOAG ENTERED INTO AN ALLIANCE WITH ST JOSEPH HEALTH TO FURTHER EXPAND HEALTH CARE SERVICES IN THE ORANGE COUNTY COMMUNITY, KNOWN AS ST JOSEPH HOAG HEALTH HOAG OFFERS A VARIETY OF HEALTH CARE SERVICES TO TREAT VIRTUALLY ANY ROUTINE OR COMPLEX MEDICA L CONDITION THROUGH ITS MEDICAL STAFF, STATE-OF-THE-ART EQUIPMENT AND MODERN FACILITIES, HOAG PROVIDES A FULL SPECTRUM OF HEALTH CARE SERVICES INCLUDING FIVE INSTITUTES THAT PROVI DE SPECIALIZED SERVICES IN THE FOLLOWING AREAS CANCER, HEART AND VASCULAR, NEUROSCIENCES, WOMEN'S HEALTH, AND ORTHOPEDICS THROUGH HOAG'S AFFILIATE, HOAG ORTHOPEDIC INSTITUTE, WHIC H CONSISTS OF AN ORTHOPEDIC HOSPITAL AND TWO AMBULATORY SURGICAL CENTERS TO FURTHER HOAG' S COMMITMENT TO PROVIDE COMPREHENSIVE CARE TO THE COMMUNITIES WE SERVE, HOAG MEDICAL GROUP WAS ESTABLISHED IN 2012 WITH THE CORE VALUES OF EXCELLENCE, INNOVATION AND COMPASSION TH E PHY SICIAN GROUP COMPRISES SPECIALISTS AND SUBSPECIALISTS IN INTERNAL MEDICINE, FAMILY ME DICINE, PEDIATRICS, GERIATRICS, ENDOCRINOLOGY, GENETICS, RHEUMATOLOGY, DIABETES, ALLERGY & IMMUNOLOGY, HIV AND ADDICTION MEDICINE HOAG HAS BEEN NAMED ONE OF THE BEST REGIONAL HOSP ITALS IN THE U S NEWS & WORLD REPORT METRO EDITION THE ORGANIZATION RANKED HIGH-PERFORMI NG IN GASTROENTEROLOGY AND GI SURGERY, GERIATRICS, AND GY NECOLOGY NATIONAL RESEARCH CORPO RATION HAS ENDORSED HOAG AS ORANGE COUNTY'S MOST PREFERRED HOSPITAL FOR THE PAST 20 CONSEC UTIVE YEARS, AND FOR AN UNPRECEDENTED 20 YEARS, RESIDENTS OF ORANGE COUNTY HAVE CHOSEN HOA G AS ONE OF THE COUNTY'S BEST HOSPITALS IN A NEWSPAPER SURVEY BY THE ORANGE COUNTY REGISTE R HISTORY HOAG OPENED IN 1952 AS A COMMUNITY PARTNERSHIP BETWEEN THE ASSOCIATION OF PRESB YTERIAN MEMBERS AND THE GEORGE HOAG FAMILY FOUNDATION, A PRIVATE CHARITABLE FOUNDATION TH E GEORGE HOAG FAMILY FOUNDATION AND THE ASSOCIATION OF PRESBYTERIAN MEMBERS REPRESENT THE TWO FOUNDING ORGANIZATIONS OF THE HOSPITAL AND CONTINUE TO PROVIDE LEADERSHIP AS CORPORATE MEMBERS OF THE HOAG CORPORATION THESE MEMBERS ANNUALLY ELECT THE BOARD OF DIRECTORS, WHI CH CONSISTS OF 17 MEMBERS WITH REPRESENTATIVES FROM THE HOAG COMMUNITY AND MEDICAL STAFF THE HOSPITALS' CHIEF EXECUTIVE OFFICER IS ALSO SEA

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	TED ON THE BOARD AS A VOTING MEMBER AN ANNUAL MEETING AT THE END OF THE FISCAL YEAR PROVI DES THE CORPORATE MEMBERS THE OPPORTUNITY FOR THE ELECTION/RE-ELECTION OF DIRECTORS FOR TH E ENSUING YEAR SINCE ITS FOUNDING THE HOSPITAL HAS WELDED A STRONG COMMITMENT TO THE COMM UNITY THAT IT SERVES, INCLUDING THE PROVISION OF SERVICES FOR THOSE WHO CONSTITUTE A MORE VULNERABLE, AT-RISK POPULATION SUCH CARE, FOR BOTH INPATIENTS AND OUTPATIENTS, IS OFTEN O NLY PARTIALLY COMPENSATED WITH EXCELLENCE OF MANAGEMENT AND THE DILIGENT STEWARDSHIP OF F UNDS, HOAG HAS BEEN ABLE TO SUSTAIN ITS FINANCIAL STRENGTH AS A RESULT, HOAG HAS BEEN ABL E TO MAINTAIN A CONTINUING COMMITMENT TO QUALITY OF CARE WHILE DEVELOPING AND EXPANDING CO MMUNITY PROGRAMS AND PARTNERSHIPS MOST OF THE FUNDS EXPENDED UPON HOAG'S COMMUNITY BENEFI T PROGRAM ARE FROM OPERATING INCOME PROGRAM ACCOMPLISHMENTS MENTAL HEALTH CENTER THE MENT AL HEALTH CENTER WAS CREATED TO PROVIDE BILINGUAL BICULTURAL SERVICES TO PEOPLE WHO OTHERW ISE COULD NOT OBTAIN MENTAL HEALTH SERVICES THE MAJORITY OF THE PROGRAM'S CLIENTS ARE LOW -INCOME, UNINSURED AND HIGHLY VULNERABLE AND PRESENT WITH A MILD TO MODERATE LEVEL OF DIST RESS/SY MPTOMATOLOGY THESE CLIENTS HAVE LIMITED HEALTH INSURANCE WITH NO MENTAL HEALTH/BEH AVIORAL HEALTH BENEFITS OR THEY HAVE BENEFITS BUT CANNOT AFFORD THE CO-PAY MENTS AND/OR DED UCTIBLES DURING FY 2015, THE PROGRAM EMPLOY ED SEVEN FULL-TIME BILINGUAL MASTER'S PREPARED SOCIAL WORKERS, 6 OF THE STAFF ARE LICENSED THESE SOCIAL WORKERS PROVIDED MENTAL HEALTH SERVICES TO 746 CLIENTS IN THE FORM OF PSY CHOTHERAPY, RESOURCE BROKERING, AND/OR CASE MANA GEMENT IN ADDITION, THE PROGRAM OFFERED PSY CHOTHERAPEUTIC AND PSY CHO EDUCATIONAL GROUPS T O 897 PARTICIPANTS ALL SERVICES WERE OFFERED ON A VOLUNTARY BASIS SERVICES WERE OFFERED ON A LOW-COST SLIDING SCALE THE SLIDING SCALE STARTS AT ZERO (FREE SERVICES) AND INCREASE S ACCORDING TO THE INDIVIDUAL'S SELF-REPORTED ANNUAL INCOME LEVEL THE VAST MAJORITY OF PE OPLE WERE SEEN AT NO CHARGE OR AT A NOMINAL FEE PER SESSION A REVIEW OF CLIENT DEMOGRAPHI CS FOUND THAT THE MAJORITY OF THE CLIENTS SEEN THROUGH THE MENTAL HEALTH CENTER WERE FEMAL E, HISPANIC, AND INDICATED A LANGUAGE OTHER THAN ENGLISH AS THEIR PRIMARY LANGUAGE THE AV ERAGE CLIENT AGE FOR OUR ADULT POPULATION WAS 38 9 YEARS OF AGE AND THE AVERAGE AGE OF THE MINOR POPULATION WAS 14 8 YEARS OF AGE 44% PERCENT OF THE ADULT CLIENTS AND 45% OF MINOR CLIENTS REPORTED HAVING AN ANNUAL HOUSEHOLD INCOME BELOW $20,000 THE PROGRAM HAS PROVEN TO BE HIGHLY EFFICIENT AND EFFECTIVE THE MENTAL HEALTH CENTER ALSO PROVIDED A SUPERVISED CLINICAL INTERNSHIP TRAINING PROGRAM FOR 14 MSW (MASTER OF SOCIAL WORK) STUDENTS THE CENT ER COLLABORATES WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA, CALIFORNIA STATE UNIVERSITY AT FULLERTON AND CALIFORNIA STATE UNIVERSITY AT LONG BEACH EACH INTERN WAS PROVIDED WITH WE EKLY ONE HOUR LONG SUPERVISION AND ONE AND A HALF HOUR LONG GROUP SUPERVISION FOR A TOTAL OF 572 5 DIRECT CLINICAL SUPERVISION HOURS PROVIDED TO THE GROUP HEALTH MINISTRIES HOAG H EALTH MINISTRIES CELEBRATES ITS TWENTY-EIGHTH YEAR OF SERVING ORANGE COUNTY FAITH COMMUNIT IES THROUGH THE FAITH COMMUNITY NURSING (FCN) PROGRAM THE PROGRAM HAS GROWN TO 64 VOLUNTE ER FCN'S WHO DEDICATE THEIR TIME AND SERVICE TO THOSE IN NEED AT 33 CONGREGATIONS THROUGHO UT ORANGE COUNTY ALL DENOMINATIONS ARE WELCOME TO PARTICIPATE IN THIS SPIRITUALLY CENTERE D WELLNESS PROGRAM, WHICH SEEKS TO INCORPORATE A BALANCE OF THE MIND, BODY AND SPIRIT EAC H FCN WORKS INDEPENDENTLY WITHIN THEIR CONGREGATION IN CREATING INDIVIDUAL AND POPULATION HEALTH BASED PREVENTIVE HEALTH PROGRAMS SPECIFIC TO THE NEEDS, BELIEFS AND PRACTICES UNIQU E TO THEIR FAITH TRADITIONS DURING FY 2015, HEALTH MINISTRIES - COMPRISED OF 9 DENOMINATI ONS AMONGST THE 33 FAITH BASED PARTNERSHIPS - DONATED 8,000 VOLUNTEER RN HOURS AT THE LOCA L, NATIONAL AND INTERNATIONAL LEVEL - TOUCHED THE LIVES OF MORE THAN 45,000 CONGREGANTS - ADMINISTERED 7,373 FLU VACCINE DOSES TO

Return Reference	Explanation
FORM 990, PART VI, LINE 2	FAMILY OR BUSINESS RELATIONSHIPS - OFFICERS ROBERT BRAITHWAITE, JOHN L BENNER (BOARD SECRETARY OF HMHP), GARY MCKITTERICK (BOARD CHAIR OF HMHP) AND BOARD MEMBER MICHAEL D STEPHENS, AND KEY EMPLOYEE JENNIFER MITZNER HAVE A BUSINESS RELATIONSHIP - BOARD MEMBERS DENNIS GILMORE AND VIRGINIA UEBERROTH HAVE A BUSINESS RELATIONSHIP - OFFICER ROBERT BRAITHWAITE, AND KEY EMPLOYEES JENNIFER MITZNER AND KRIS IYER HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS THE MEMBERS OF THE CORPORATION CONSIST OF THE FOLLOWING I COVENANT HEALTH NETWORK INC II THE GEORGE HOAG FAMILY FOUNDATION ("GHF FOUNDATION") III THE CONSTITUENT CHURCHES OF THE LOS RANCHOS PRESBYTERY OF THE PRESBYTERIAN CHURCH (USA) (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

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD THE REVIEW OF THE FORM 990 PRIOR TO ISSUANCE. MANAGEMENT, INCLUDING AN OFFICER OF THE ORGANIZATION, PREPARES AND REVIEWS THE FORM 990 THE AUDIT AND COMPLIANCE COMMITTEE IS PROVIDED WITH A DRAFT FORM 990 AND IS PROVIDED AMPLE TIME TO READ THE DOCUMENT AND DEVELOP QUESTIONS THE AUDIT AND COMPLIANCE COMMITTEE THEN CONVENES PRIOR TO THE ISSUANCE OF THE FORM 990 TO REVIEW AND DISCUSS THE DRAFT FORM 990 WITH MANAGEMENT AND EXTERNAL EXPERTS HIRED BY MANAGEMENT AN ELECTRONIC VERSION OF THE FORM 990 IS POSTED TO A SECURE WEBSITE AVAILABLE TO ALL OF THE BOARD OF DIRECTORS PRIOR TO FILING

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

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION DURING TAX YEAR ENDING 6-30-15 ST JOSEPH HEALTH SYSTEM'S EXECUTIVE COMPENSATION PROGRAM DESIGN AND ADMINISTRATION IS GOVERNED BY A COMMITTEE OF INDEPENDENT TRUSTEES THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES AS NECESSARY TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE SJHS BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS SJHS PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION OF THE CFO AND ALL SENIOR VICE PRESIDENTS (KEY EMPLOYEES) ARE REVIEWED 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 KEY EXECUTIVES THE COMPENSATION COMMITTEE'S RECOMMENDATIONS RELATIVE TO EXECUTIVE COMPENSATION ARE REVIEWED AND APPROVED BY THE COMMITTEE, WHOSE MINUTES DOCUMENT THAT THE APPROVED COMPENSATION IS DEEMED REASONABLE. THIS PROCESS OF USING COMPARABLE DATA TO ESTABLISH LEVELS OF COMPENSATION HAS BEEN IN PLACE FOR IN EXCESS OF 37 YEARS THIS PROCESS WAS LAST COMPLETED IN 2015

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC HOAG'S CODE OF CONDUCT IS POSTED ON ITS PUBLIC WEBSITE (HHTP://WWW HOAG ORG/DOCUMENTS/CODEOFCONDUCT_2014 PDF) THE CODE OF CONDUCT PROVIDES READERS WITH AN UNDERSTANDABLE REVIEW OF THE CODE OF CONDUCT THAT MUST BE ADHERED TO BY ALL EMPLOYEES, DIRECTORS, AND VENDORS THE CORPORATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FORM 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS OR FUND BALANCE EQUITY TRANSFER TO HERITAGE (18,248,330) EXCLUDED SERVICES PER SJH AFFILIATION 84,857 UBI GAIN FROM PARTNERSHIPS/LLC'S (26,513) UNCOLLECTIBLE PLEDGES (245,321) ========== TOTAL (18,435,307)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEE TOTAL FEES 22895580

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICE TOTAL FEES 57862082

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HMO PURCHASED SERVICE TOTAL FEES 41852363

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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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 Center LLC One hoag Drive Box 6100 Newport Beach, CA 92663 33-1127904	Medical Bldg	CA	12,995,319	156,743,516	HMHP
(2) Hoag Outpatient Therapies One Hoag Drive Newport Beach, CA 92663 47-1467227	Outpat therap	CA	538,000	947,500	HMHP
(3) Hoag Neurobehavioral Health LLC One Hoag Drive Newport Beach, CA 92663 47-3282694	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.

(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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
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 orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HEALTHCARE DESIGN AND CONSTRUCTION EIN 46-2611662 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HEALTHCARE PROPERTY ADVISORS, LLC EIN 46-5497794 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 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, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 TOTAL HEALTH ENVIRONMENT EIN 46-4807513 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 ADVANCED SURGERY INSTITUTE LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954 NEWPORT BAY SURGERY CENTER EIN 56-2518360 ADDRESS 3333 W PAC COAST HIGHWAY, STE 100, NEWPORT BEACH, CA 92663

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	(g) No
(1) COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	11,III	SJHS	Yes	
(1) COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
(2) COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4) COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5) COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
(6) HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(7) HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(8) HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656	INACTIVE	CA	501(C)(3)	3	SRMH	Yes	
(9) HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(C)(3)	9	CHS	Yes	
(10) LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(11) METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(12) METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(15) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(16) REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
(17) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(18) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19) SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	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
(21) SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
(1) ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(2) ST JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	11, I	SJHM		No
(3) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(4) ST JOSEPH HOME CARE NETWORK 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS	Yes	
(5) ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(6) ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(7) ST JUDE HOSPITAL YORBA LINDA 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(8) ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(9) ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10) ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(11) TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355	WORK DEVELOPM	CA	501(C)(3)	2	SSJO	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
COVENANT LONG-TERM CARE LP SEE PART VII LUBBOCK, TX 79410 20-5033419	HEALTHCARE	TX	NA	N/A								
HEALTHCARE DESIGN & CONSTRUCT SEE PART VII LA PALMA, CA 906231052 46-2611662	REAL ESTATE	DE	NA	N/A								
HEALTHCARE PROPERTY ADVISORS SEE PART VII LA PALMA, CA 906231052 46-5497794	REAL ESTATE	DE	NA	N/A								
HERITAGE INVESTMENT GROUP SEE PART VII ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
HOAG ORTHOPEDIC INSTITUTE SEE PART VII NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	HMHP	RELATED	17,202,500	49,019,621		No		Yes		51 000 %
LUBBOCK SURGERY CENTER LTD SEE PART VII LUBBOCK, TX 79410 75-2177401	HEALTHCARE	TX	NA	N/A								
METHODIST DIAGNOSTIC IMAGING SEE PART VII LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
MISSION AMBULATORY SURGICENTER SEE PART VII MISSION VIEJO, CA 92691 33-0355575	HEALTHCARE	CA	NA	N/A								
NEWPORT IMAGING CENTER SEE PART VII NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	HMHP	RELATED	1,044,171	1,160,753		No	0	Yes		99 980 %
SHA LLC SEE PART VII AUSTIN, TX 78750 75-2569094	INSURANCE	TX	NA	N/A								
ST JOSEPH PHYSICIAN VENTURES SEE PART VII ORANGE, CA 928682012 45-4521884	REAL ESTATE	CA	NA	N/A								
ST JOSEPH HLTH SYS HOME CARE SEE PART VII ORANGE, CA 928682012 33-0307672	HOME HEALTH	CA	NA	N/A								
ST JOSEPH HLTH SYS HOME HLTH SEE PART VII ORANGE, CA 928682012 33-0282945	HOME HEALTH	CA	NA	N/A								
THE INNOVATION INSTITUTE SEE PART VII LA PALMA, CA 906231052 90-0745066	HEALTHCARE	DE	NA	N/A								
TOTAL HEALTH ENVIRONMENT SEE PART VII LA PALMA, CA 906231052 46-4807513	HEALTHCARE	DE	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
ADVANCED SURGERY INSTITUTE LLC	HEALTHCARE	CA	NA	N/A								
NORTH BAY ENDOSCOPY CENTER	HEALTHCARE	CA	NA	N/A								
NEWPORT BAY SURGERY CENTER 3333 W PACIFIC COAST HIGHWAY STE NEWPORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	HMHP	RELATED	38,178	1,958,971		No	0	Yes		20 000 %

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**							
ALLIANCE PHYSICIAN SERVICES	INACTIVE	CA	NA	C-CORP				
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP				
COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	HMHP	C-CORP	295,988	722,493	100 000 %	Yes
DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 92658 46-3070062	IT SVCS	MO	NA	C-CORP				
HMTS INC 1 HOAG DRIVE NEWPORT BEACH, CA 63017 45-3583707	HEALTHCARE	CA	HMHP	C-CORP	8,205,368	3,351,462	95 000 %	Yes
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	HMHP	C-CORP	32,363,623	93,706,708	100 000 %	Yes
HPA REALTY INC 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 92658 30-0835291	REAL ESTATE	CA	NA	C-CORP				
LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 90623 75-2578995	INACTIVE	TX	NA	C-CORP				
LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	NA	C-CORP				
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 79410 33-0212905	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92691 46-2340232	HOLDING COMPANY	CA	NA	C-CORP				
ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH YORBA PARK	INACTIVE	CA	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 HOSPITAL FOUNDATION	a	219,250	ACCRUAL
HOAG ORTHOPEDIC INSTITUTE	c	15,945,831	ACCRUAL
HOAG HOSPITAL FOUNDATION	c	15,714,646	ACCRUAL
HOAG HOSPITAL FOUNDATION	l	90,000	ACCRUAL
COASTAL MANAGEMENT SERVICE ORGANIZATION	l	164,014	ACCRUAL
NEWPORT IMAGING CENTER	l	50,163	ACCRUAL
HOAG MANAGEMENT SERVICES	m	1,679,866	ACCRUAL
HOAG HOSPITAL FOUNDATION	j	329,682	ACCRUAL
HOAG HOSPITAL FOUNDATION	q	8,261,056	ACCRUAL
HOAG ORTHOPEDIC INSTITUTE	l	9,180,597	ACCRUAL
ST JOSEPH HERITAGE HEALTHCARE	B	18,233,231	ACCRUAL
ST JOSEPH HERITAGE HEALTHCARE	M	4,483,331	ACCRUAL