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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9					
	eck ıf ap			C Name of organization			D Employer ide	entification number			
_	dress cha	•	Please use IRS	MISSION HOSPITAL REGIONAL MEDICAL (CENTER		95-164336	95-1643360			
_	me chan	_	label or print or	Doing Business As	E Telephone number						
_		_	type. See		(949) 364-	4299					
Ind —	tial returi	n	Specific Instruc-	Number and street (or P O box if mail is 27700 MEDICAL CENTER ROAD	not delivered to street addre	ss) Room/sui	te	ts \$ 419,239,992			
Te	mınatıor	n	tions.	27700 MEDICAL CENTER ROAD				, ,			
- Am	ended r	eturn		City or town, state or country, and ZIP +	· 4						
- Ap	plication	pending		MISSION VIEJO, CA 92691							
			F Nan	ne and address of Principal Officer		W/a\ T- /		£			
				BASTONE		1	:hıs a group return lıates?	⊤Yes ∨ No			
				MEDICAL CENTER ROAD				,			
. та	v ovom	pt status		ON VIEJO,CA 92691)(3) ◀(Insert no)		H(b) Are	all affiliates include	ed?			
. Ia	x-exem	pt status	J♥ 501(c)	(1) (1) (insert no) 4947(a)(1) or	527	1		See instructions)			
W	eb site	· F ww	W MISSIO	N4HEALTH COM		H(c) Gr	oup Exemption Nu	mber ► 0928			
						<u> </u>					
🕻 Тур	e of orga	anızatıon	✓ Corporat	ion trust association other 🕨		L Year of	Formation 1941 M	State of legal domicile CA			
Pa	rt I	Sumi	mary								
	1	Briefly o	lescribe th	e organization's mission or most sig	nıfıcant actıvıtıes						
w		SEE SC	HEDULE C)							
<u>≥</u>											
₹											
sovemance	2	Check t	his box 🗀	if the organization discontinued its o	operations or disposed o	of more than	25% of its assets	s			
5			,	nembers of the governing body (Part				14			
								12			
ß				ident voting members of the governi)	_				
Ę				nployees (Part V, line 2a)			5 _	2,503			
Acumines &				lunteers (estimate if necessary) .			6 _	389			
4				ted business revenue from Part VIII		•		454,488			
	b	Net unr	elated busi	ness taxable income from Form 990)-T, line 34	1	7b	60,974			
						Р	rior Year	Current Year			
a.	8	Contri	butions and	d grants (Part VIII, line 1h)			7,189,851	7,709,045			
ПE	9	Progra	m service	revenue (Part VIII, line 2g)		361,011,789	408,569,618				
Revenu	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4	, and 7d)		6,622,656	-8,469,249			
Ĭ	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		1,402,051	213,116			
	12		evenue—a	dd lines 8 through 11 (must equal P	art VIII, column (A), lın	e	276 226 247	400 000 500			
		12)					376,226,347	408,022,530			
	13			ar amounts paid (Part IX, column (A)			5,775,142	4,955,951			
	14	Benefi	ts paid to c	r for members (Part IX, column (A),	line 4)		0	0			
ø	15		es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –	157,836,505	170,921,254			
Expenses	1.5-	10)	- · - · - 6 · · - d	manage for a (Double) and the column (A) has	4.4>			170,921,234			
<u>क</u>	16a			raising fees (Part IX, column (A), lir	•		0				
ठ	b			penses, Part IX, column (D), line 25 $\frac{4,032,9}{1}$							
	17	Other	expenses ((Part IX, column (A), lines 11a–11d	, 11f-24f)		182,457,138	213,923,560			
	18	Totale	expenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		346,068,785	389,800,765			
48	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		30,157,562	18,221,765			
දී ව						Begir	ning of Year	End of Year			
net Assers or Fund Bałances	20	Totala	assets (Par	t X, line 16)			427,287,086	469,833,465			
£	21	Totall	ıabılıtıes (F	Part X, line 26)			220,475,757	249,055,699			
<u> </u>	22		•	d balances Subtract line 21 from lir	ne 20		206,811,329	220,777,766			
_	1300		ature Blo		10 20		200,011,323	220,777,700			
Ра	(11			rjury, I declare that I have examined this re	sturn unaluduna aasamnanuuna	achadulas an	d statements and to t	the heat of my knowledge			
				correct, and complete Declaration of prepar							
Plea	ise	l k				20	10-05-13				
Sigr		Signa	ature of office	Pr		Da					
ler	е	N PETE	R BASTONE (CEO							
			or print nam								
		Dropara	'c k		Date	Check If	Preparer's PTIN	(See Gen Inst)			
ام: ۵		Preparer signature				self-	_	\ / / /			
Paid	0,000					empolyed 🕨					
•	arer's	ETN &									
JSE (Only		and ZIP + 4	18111 VON KARMAN AVENUE SUITE 10	000		_				
				IRVINE, CA 92612			Phone no 🕨 (9	49) 794-2300			
				rn with the preparer shown above? (Evas ENo			

Cat No 11282Y

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiz	zation's mission										
2		undertake any signific r 990-EZ?		rvices during the year	which were not listed on	Yes 🔽 No						
	If "Yes," describe the	ese new services on S	chedule O									
3	services?			changes in how it cor	nducts any program	Yes V No						
	If "Yes," describe the	ese changes on Sched	lule O									
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 SEE SCHEDULE O) (Expenses \$	340,152,770	including grants of \$	4,955,951) (Revenue \$	408,115,130)						
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)						
	·											
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4d	Other program serv	rices (Describe in Sci	hedule O) luding grants of	f \$) (Revenue \$)						
4e	Total program servi		340,152,77		, Line 25, column (B).							

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? 🕏	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? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	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 $501(c)(3)$ and $501(c)(4)$ 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	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 percent 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

Inter-the number reported in Box 3 of Form 1096, Annual Summary and Transmitted 1a	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	:e				
b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable c Did the organization comply with Backup withholding rules for reportable payments to vendous and reportable gamming cambing) winnings to price winners? 2a. Effect the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements falls for the calendary area ending with row which they were cavered by this statements falls for the calendary area ending with row which they were covered by the case of the state one is reported in 2e, did the organization file all required federal employment tax returns? Note: The state one is reported in 2e, did the organization file all required federal employment tax returns? Note: The state one is reported in 2e, did the organization file all required federal employment tax returns? If I all seaso one is reported in 2e, did the organization file all required federal employment tax returns? Note: The state of the state of 2e, did the organization file all required federal employment tax returns? If I all seasons of the state of 2e, did the organization in that the seasons of 2e, did the organization of 2e, did the organization in that the seasons of 2e, did the organization of 5e exceptions and diling requirements for Ferm 1D F 9e-221, Report of Foreign Bank and Money and State of 2e, did the organization in that the seasons of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions and state of 2e, did the organization of 5e exceptions of 2e, did the organization of 5e excep						Yes	No
b Enter the number of Forms W-2G included in line 1a Enter-9- if not applicable c Did the arganization comply with backup withholding rules for reportable payments to evendors and reportable againing (gambing) with backup withholding rules for reportable payments to evendors and reportable againing (gambing) with making the results of the payments of processing against the results of the calendar year ending with or within the year covered by this return. 2,503 2,503 b If at least one is reported in 2s, did the organization file all required federal employment tax returns? 3,000 british organization have unrelated business gross income of \$1,000 or more suring the year covered by this return. 3,100 british results of the results of the return	1a						
b Enter the number of Forms W-2G included in line 1a Enter-0- Into applicable c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gamming domining comply to prace without the came of gamming domining domining to prace without the came of gamming domining domining domining domining the came of gammining domining d		of U.S. Information Returns. Enter -0- if not applicable					
c Did the organization comply with backup withholding rules for reportable payments to be readers and reportable gamming (gambling) winnings to prize winners? 2. Effect her number of molegoes reported on Form W-3, Transmitted of Wage and Tax statements filed for the calendar year ending with or within the year covered by this return. 2.50.3 b If st least one is reported in 2a, did the organization file all required federal employment tax returns? 3. Did the organization have unrelated bisseness gloss income of \$1,000 or more during the year covered by this return. 3. Did the organization have unrelated bisseness gloss income of \$1,000 or more during the year covered by this return. 3. Did the organization have unrelated bisseness gloss income of \$1,000 or more during the year covered by this return. 3. Did the organization have unrelated bisseness gloss in come of \$1,000 or more during the year covered by this return. 3. Did the organization have unrelated bisseness gloss in come of \$1,000 or more during the year covered by this return. 3. Did the organization have unrelated bisseness gloss in country (such as a bank account, section \$2,000 or other submitty over, a finantical account in a foreign country (such as a bank account, section \$2,000 or other submitty over, a finantical account in a foreign country (such as a bank account, section \$2,000 or other infancial section \$2,000 or other submitted than \$2,000 or other submitted \$2,000 or			1a	198			
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Lates that number of employees resported on Form NS 3, Transmitted Mage and Tax Statements file for the caledard year anding with or within the year covered by the 2 2 2,503 Better that number of employees resported in 29, did the organization file all required federal employment tax returns? Note: If the sum of times is and 22 is greater than 250, you may be required to e-file this return. Better than 250 you may be required for effect this return. But the organization have unrelated business goes income of \$1,000 or more during the year covered by this return? If Yes, has if filed a form 990-7 for this year? If Wo," provide an explanation on Schedule 0. If Yes, has if filed a form 990-7 for this year? If Wo," provide an explanation on Schedule 0. If Yes, has if filed a form 990-7 for this year? If Wo," provide an explanation on Schedule 0. If Yes, has if filed a form 990-7 for this year? If Wo," provide an explanation on Schedule 0. If Yes, has if filed a form 990-7 for this year? If Wo," provide an explanation on Schedule 0. If Yes, a chief the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Sank and Financial Accounts in Securities of the Country of the Countr	c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
Statements filed for the celendar year ending with or within the year covered by this return or server on server protect in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2as greater than 250, you may be required to enhelin the view or covered by this return? 10 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 11 bit "Yes," has if filed a Form 990.T for this year? If "Wo," provide an explanation in Schedule 0. 12 bit "Yes," has if filed a Form 990.T for this year? If "Wo," provide an explanation in Schedule 0. 13 bit Yes. 14 At any time during the celendar year, did the organization has an interest in, or a signature or sther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts accounts?) 15 If "Yes," enter the name of the foreign country. 16 Was the organization party to a prohibited tax shelter transaction? 17 Sea Was the organization party to a prohibited tax shelter transaction? 18 Was the organization aparty to a prohibited tax shelter transaction? 19 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 19 Did the organization solicit any contributions that were not tax deductible? 10 If "Yes," indicates the near every adjust the property of the property of the property of the programization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 10 If "Yes," indicates the number of Forms 8.282 filed during the year. 11 Section \$50(E)(3) and other sponsoring organizations file organization file form 8.99 as required? 12 If yes, and the organization notify the donor of the value of the goods or services provided? 12 Did the organization and the property did the organization file form 8.99 as required? 12 Did the organization will be well be property did the organization file form 1.09 as a section					1c	Yes	
b If t least one is reported in 2a, did the organization the all required federal employment tex returns? Noted If the sum of lines at and 2as greater than 250, you may be required to Arthe this return? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, has it flied a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other subtority account?) 4c At any time during the calendar year, did the organization have an interest in, or a signature or other subtority account? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other subtority account? 4d At any time during the calendar year, did the organization have an interest in, or a signature or other subtority account? 4d At any time during the calendar year, did the organization have the account, securities account, or other financial account in a foreign country. 5e Was the organization apparty to a prohibited tax sheller transaction and fining requirements for Form TD F 90-22.1, Report of Foreign Bank and fining accountry. 5e Was the organization apparty to a prohibited tax sheller transaction? 5b No 5c If Yes, 'to Sa or Sb, did the organization file Form 8866-T, Disclosure by Tax-Evering Entity Regarding Prohibited Tax Scheller Transaction? 5c If Yes, 'to Sa or Sb, did the organization file Form 8866-T, Disclosure by Tax-Evering Entity Regarding Prohibited Tax Scheller Transaction? 5c If Yes, 'to did the organization include with every solicitation an express statement that such contributions or gifts were another better than a schellar transaction and the second state of the companization file form 8262 or second state of the companization file form 8262 or second state of the companization or second solicity and the second state of the companization file form 8262 or second state of the companizati	2a	${\it Statements}$ filed for the calendar year ending with or within the year covered by this	22	2 503			
Ja Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "res," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 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 in a foreign country (such as a bank account, securities account, or other financial affection in a foreign country (such as a bank account, securities account, or other financial affection in a foreign country (such as a bank account, securities account, or other financial affection in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities accountry). 5a If "Yes," do the organization appropriation provide proparization in file form account file form accountry (such as or section 170(c). 5b Unit the organization solicit any contributions that were not tax deductible? 6c No 6c No 6d No	b	If at least one is reported in 2a, did the organization file all required federal employi	nent t	ax returns?	2h	V 0.5	
b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 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 foregin country (such as a bank account, securities account, or other financial account in a foregin country (such as a bank account, securities account, or other financial account in a foregin country (see the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foregin Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to Sa or Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization provide goods or services in exchange for any quid pro quid contribution of \$75 or more? 8d Did the organization notify the donor of the value of the goods or services provided? 9d Did the organization in the provide goods or services in exchange for any quid pro quid property for which it was required to file Form 8282? 9d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d No 7e Pol the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d No 7e For all contributions of qualified intellectual property, did the organization file a form 1980-C as required? 8 Sect	3a				20	res	
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file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	С		•	·	70		No
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
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a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	а		11a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
year 126		If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	Α. (Governing	Body	and	Management	

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	1a	14						
Ь	Enter the number of voting members that are independent	1b	12						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	·	2		Νο				
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?.								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a	Yes					
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο			
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	•		11		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- 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 make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

AARON NEUHARTH 27700 MEDICAL CTR ROAD MISSION VIEJO,CA 92691 (949) 364-7767

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

	(B) Average hours per week		(tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
							<u> </u>			
		-		\vdash						
		-		\vdash			\vdash			
1b Total							-	3,130,331	. 2,540,330	357,786

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶198

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 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			
	marvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHNSON GRAY ADVERTISING 15375 BARRANCA PKWY F101 IRVINE, CA 92618	ADVERTISING SERVICES	1,777,268
MARLA FENNELL INC 2542 CALLE JADE SAN CLEMENTE, CA 92673	TRANSCRIPTION	1,580,228
EMERGENCY AND ACUTE CARE 440 STEVENS AVE STE 150 SOLANA BEACH, CA 920752058	PHYSICIAN FEES	937,109
NEWPORT LANGUAGE AND SPEECH 23361 MADERO STE 200 MISSION VIEJO, CA 92691	THERAPIST SERVICE	631,366
MISSION TRAUMA SURGICAL GROUP 26732 CROWN VALLEY PKWY STE 351 MISSION VIEJO, CA 92691	PHYS COVERAGE FEES	570,850
Total number of independent contractors (including those in 1) who re from the organization	. , ,	33

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	277,080		Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership d						
s, gr amo	с	Fundraising ev	vents 1c	1,697,189				
<u>a je</u>	d	Related organ	ızatıons 1d	1,584,582				
ons, sim	e	_	nts (contributions) 1e tions, gifts, grants, and	226,923 3,923,271				
bet. Ber	f		not included above	3,923,271				
ontri nd o	g		ributions included in					
० व	h	lines 1a-1f \$ Total (Add lin	es 1a-1f)		7,709,045			
				Business Code				
inua	2a	NET PATIENT REV	V	900,099	378,298,628	378,298,628		
æ	Ь	MOB RENTAL	DELLE DELEGRANGE	900,099	18,933,277	18,933,277		
ASe	c d	CHILDREN'S HOS NUTRITIONAL CA		900,099	7,964,374 1,731,855	7,964,374 1,731,855		
<u> </u>	e	PATHOLOGY REVE		621,500	339,712	1,731,633	339,712	
Program Serwce Revenue	f	All other prog	ram service revenue	,	1,301,772	1,186,996	114,776	
₽0	g	Total. Add line	es 2a-2f					
	3	► \$ 408,569,6	i18 Icome (including divid	dands interest				
			amounts)	· •	1,956,998			1,956,998
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses Rental income						
	d	or (loss)	ome or (loss)					
		Traction and Traction	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	(i) securities	234,707				
		assets other than inventory						
	ь	Less cost or other basis and	10,450,340	210,615				
	с	sales expenses Gaın or (loss)	-10,450,340	24,092				
	d	Net gain or (lo	oss)	*	-10,426,247			-10,426,247
Other Revenue	8a b	events (not in \$ 47 of contribution 1c) See Part Attach Schedul \$15,000	'8,075 ns reported on line	1,697,189 514,857				
di di	с		(loss) from fundraisi		-36,782			-36,782
	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total	291,548				
	b	Less directe	xpensesb	41,650				
	С	Net income or	· (loss) from gaming a	ictivities >	249,898			249,898
	10a	returns and al	а					
	b c	Less cost of	goods sold b	inventory -	0			
		Miscellaneou		Business Code	, i			
	11a							
	ь							
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	\$				
	12		e. Add lines 1h, 2g, 3		408,022,530	408,115,130	454,488	-8,256,133
		8c, 9c, 10c, and 1	l1e	. ▶				

Form 990 (2008) Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns (
n od	ot 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 governments and organizations in the U S See Part IV, line 21	4,955,456	4,955,456		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	495	495		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. 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	1,856,729	1,316,275	540,454	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	117,492,133	103,678,980	0	1,631,172
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,410,063	6,486,096	825,432	98,535
9	Other employee benefits	34,498,946	30,861,562	3,122,553	514,831
LO	Payroll taxes	9,663,383	8,605,549	941,017	116,817
1	Fees for services (non-employees)				
а	Management	6,212,376	2,671,322	3,541,054	0
b	Legal	3,648,391	3,176,717	462,951	8,723
С	Accounting	351,972	4,000	339,662	8,310
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	74,425	0	0	74,425
g	Other	36,616,035	24,438,370	11,680,846	496,819
2	Advertising and promotion	4,553,340	2,810,559	1,420,424	322,357
3	Office expenses	64,197,970	62,978,775	1,141,855	77,340
4	Information technology	6,905,634	6,905,634	0	0
5	Royalties	0	0	0	0
6 -	Occupancy	32,714,831	30,114,416	2,242,157	358,258
7 8	Payments of travel or entertainment expenses for any Federal, state or local public officials	246,471	121,750	95,203	29,518
9	Conferences, conventions and meetings	335,997	119,004	71,047	145,946
0	Interest	8,205,067	8,205,067	0	0
1	Payments to affiliates	0	0	0	0
2	Depreciation, depletion, and amortization	14,915,002	13,791,022	1,101,618	22,362
3	Insurance	2,963,434	2,905,558	57,876	0
4	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BAD DEBT EXPENSE	23,053,621	23,053,621	0	0
ь	ALL OTHER EXPENSES	8,928,994	2,952,542	5,848,897	127,555
c		, ,	, ,	, ,	·
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	389,800,765	340,152,770	45,615,027	4,032,968
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		, ,	. ,	. ,

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			9,621,942		2.1.4 0.	549,933
	2	Savings and temporary cash investments			78,533,791	2	6	8,109,544
	3	Pledges and grants receivable, net			6,135,907	3		5,021,885
	4	Accounts receivable, net			45,977,227	4	4	9,078,439
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 4958(f)(1)) ar	nd	6		
	7	Notes and loans receivable, net			203,365	7		0
	8	Inventories for sale or use			4,756,969	8		4,112,308
92	9	Prepaid expenses and deferred charges			1,598,693	9		1,698,112
Assets	10a	Land, buildings, and equipment cost basis	10a	352,484,	727			
•	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a	93,875,		10c	25	8,609,399
	11	Investments—publicly traded securities			45,657,141			9,864,672
	12	Investments—other securities See Part IV, line 11 Complete F	Part VI.	I of	14,053,519			4,164,834
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.		13				
	14	Intangible assets	14,852,278		1	4,284,675		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			9,110,959	15	1	4,339,664
	16	Total assets. Add lines 1 through 15 (must equal line 34)	427,287,086	16	46	9,833,465		
	17	Accounts payable and accrued expenses .			48,619,565	17	6	0,985,226
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
S)	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	s .			23		
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	171,856,192	25	18	8,070,473		
	26	Total liabilities. Add lines 17 through 25			220,475,757	26	24	9,055,699
Ses		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	ines 27				
Balance	27	Unrestricted net assets			169,233,829	27	17	9,062,007
Ba	28	Temporarily restricted net assets			37,577,500	28	4	1,715,759
둳	29	Permanently restricted net assets				29		
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
Ř	33	Total net assets or fund balances	206,811,329	33	22	0,777,766		
_	34	Total liabilities and net assets/fund balances			427,287,086	34	46	9,833,465
Pa	rt XI	Financial Statements and Reporting					Yes	No
							res	140

Dort VI	Einancial C	tatamanta	nd Reporting
7. 1 - 2. 4 - 1	- Financiai 3	TATEMPORTS A	nn kennetinn

		1	
1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
c	If "Yes" to lines 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	
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	Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b	

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As Filed Data -

DLN: 93493133023070

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizati		D.				Em	ployer ide	nt if icat io	n nu	mber	
MISSI	ON HOS	SPITAL REGIONA	AL MEDICAL CENTE	K				0.5	-1643360	า			
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio						
				ation because it is (Please					111001400				
1	Ī			nurches, or association of ch					(A)(i).				
2	Ē			tion 170(b)(1)(A)(ii). (Atta					() (-)-				
3	Ī			e hospital service organizati		•	tion 170(b)(1)(A)(i	iii). (Attac	h Schedu	le H)	
4	Ė	•	·	zation operated in conjuncti			-					•	
-	•		name, city, and	•					(– , (– ,	(, (, -			
5	Г	•		for the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unıt desc	rıbed	d in	
	•	_	·	(Complete Part II)		•	•	, ,					
6	Г			overnment or governmental	unıt desc	rıbed ın Se	ection 170	(b)(1)(A)	(v).				
7		•		ally receives a substantial p						n the gene	eralp	ublic	
				o)(1)(A)(vi) (Complete Par			_			-	•		
8	Г	A commun	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)						
9	Γ	An organiz	ation that norm	ally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ns, membe	rship fees	s, an	d gros	ss
		receipts fro	m activities re	lated to its exempt functions	s—subject	t to certaii	n exceptio	ns, and (2) no more	than 331,	/3%	of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	income (less section	on 511 ta:	x) from bu	sine	sses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)				
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509	(a)(4). (S	ee instruc	tions	s)	
11	Γ	one or more the box tha	e publicly support describes the	and operated exclusively fo orted organizations describe type of supporting organi <u>za</u>	d in secti tion and c	on 509(a) omplete l	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See	Section 5	09(a)(3).	Check
	_	a	• •			- Functio	-	_	d	ГТуре			
e	ı	•		rtify that the organization is						-		-	
		section 50		agers and other than one or	more pub	nciy supp	orted orga	nizations	aescribea	in section	11 5 0 1	9 (a)(.	1) 01
f		If the organ	nization receive box	d a written determination fro					• •	supportir	ng or	ganız	ation,
g		following pe		as the organization accepte	d any gift	or contrib	ution from	any of the	3				
				r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Γ	Yes	No
		and (III) be	ow, the govern	ng body of the the supported	d organiza	ition?				11g	(i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)		
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)		
h		Provide the	following infor	mation about the organizatio	ns the or	ganızatıon	supports						
Sup		Supported (described on lines 1-9 organ above or IRC section col (i)				(iv) Is the organization in the organization in col (i) listed in your governing support?		anızatıon i) of your	zation organiza of your col (i) or		(vi) Is the ganization in (i) organized on the US?		
					docu	ment?					1		
					Yes	No	Yes	No	Yes	No	_		
											_		
											1		
											1		
											1		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

Form 990. Part VII - Section Aaa

C	Form 990, Part VII - Section Aaa										
(A) Name and Title Arrange hours proved Name and Title Arrange hours proved Arrange				tion (che)			(5)	(E)	• •
OFFICER		Average hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
SERVICES	•	50 0	Х		х				0	735,935	39,069
SISTER CLAUDETTE DES FORGES 2 0		2 0	X						0	659,408	17,450
BOARD MEMBER	SISTER KAREN CLOCK , BOARD MEMBER	2 0	Х						0	0	0
MEMBER	·	2 0	X						0	0	0
OSCAR FLORES , BOARD VICE CHAIR 2 0	· ·	2 0	Х						0	0	0
SISTER JAYNE HELMLINGER, BOARD SECRETARY 2 0	WILLIAM ELDIEN , BOARD CHAIR	5 0	Х						0	0	0
SECRETARY	OSCAR FLORES , BOARD VICE CHAIR	2 0	Х						0	0	0
MELINDA MASSON , BOARD MEMBER 2 0		2 0	Х						0	0	0
SHERRI MEDINA , BOARD MEMBER 2 0		4 0	Х						0	0	0
MICHELE STAUNTON MD , BO ARD MEMBER 2 0	MELINDA MASSON , BOARD MEMBER	2 0	Х						0	0	0
MEMBER 2 0	SHERRI MEDINA , BOARD MEMBER	2 0	Х						0	0	0
RICHARD KOZAK MD , BOARD MEMBER 2 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 0	Х						0	0	0
SISTER JO ANN EANNARENO , BOARD	R CLIFFORD CARPER , BOARD MEMBER	2 0	Х						0	0	0
MEMBER 2 0 X 4,000 0 0 KENNETH REXINGER MD , BOARD 2 0 X 4,000 0 0 MARVIN POSNER MD , BOARD MEMBER 2 0 X 12,000 0 0 MARVIN POSNER MD , BOARD MEMBER 2 0 X 12,000 0 0 MARGARITA COWLEY , EVP, CHIEF OPERATING OFFICER 50 0 X 469,071 0 32,770 VENNETH MCFARLAND , SVP, CHIEF FINANCIAL OFFICER 50 0 X 466,343 0 33,676 DENNIS HAGHIGHAT , VP MEDICAL AFFAIRS 50 0 X 364,803 0 21,487 LINDA JOHNSON , VP PATIENT CARE SERVICES 50 0 X 336,269 0 29,195 SHIRLEY BARNES , SR VP HUMAN RESOURCES 50 0 X 347,368 0 23,260 JAMES FREY , DIR ESTATE PLANNING 50 0 X 327,252 0 30,114 PAULA SERIOS , VP MARKETING/COMMUNICATIONS 50 0 X 297,424 0 18,688 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 223,430 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X	RICHARD KOZAK MD , BOARD MEMBER	2 0	Х						0	0	0
MEMBER 2 0 X 4,000 0 MARVIN POSNER MD , BOARD MEMBER 2 0 X 12,000 0 MARGARITA COWLEY , EVP, CHIEF OPERATING OFFICER 50 0 X 469,071 0 MEMBER 32,770 X 469,071 0 KENNETH MCFARLAND , SVP, CHIEF FINANCIAL OFFICER 50 0 X 466,343 0 33,676 DENNIS HAGHIGHAT , VP MEDICAL AFFAIRS 50 0 X 364,803 0 21,487 LINDA JOHNSON , VP PATIENT CARE SERVICES 50 0 X 336,269 0 29,195 SHIRLEY BARNES , SR VP HUMAN RESOURCES 50 0 X 347,368 0 23,260 JAMES FREY , DIR ESTATE PLANNING 50 0 X 327,252 0 30,114 PAULA SERIOS , VP MARKETING/COMMUNICATIONS 50 0 X 297,424 0 18,688 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X 223,430 0 33,064 JOSEPH RANDOLPH , SYSTEM EVP COO 2 0 X 0 1,144,987 44,292 <td></td> <td>2 0</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		2 0	Х						0	0	0
MARGARITA COWLEY , EVP, CHIEF OPERATING OFFICER 50 0 X 469,071 0 32,770 KENNETH MCFARLAND , SVP, CHIEF FINANCIAL OFFICER 50 0 X 466,343 0 33,676 DENNIS HAGHIGHAT , VP MEDICAL AFFAIRS 50 0 X 364,803 0 21,487 LINDA JOHNSON , VP PATIENT CARE SERVICES 50 0 X 336,269 0 29,195 SHIRLEY BARNES , SR VP HUMAN RESOURCES 50 0 X 347,368 0 23,260 JAMES FREY , DIR ESTATE PLANNING 50 0 X 327,252 0 30,114 PAULA SERIOS , VP MARKETING/COMMUNICATIONS 50 0 X 297,424 0 18,688 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X 223,430 0 33,064 JOSEPH RANDOLPH , SYSTEM EVP COO 2 0 X 0 1,144,987 44,292	•	2 0	Х						4,000	0	0
OPERATING OFFICER 50 0 X 405,071 0 32,770 KENNETH MCFARLAND , SVP, CHIEF FINANCIAL OFFICER 50 0 X 466,343 0 33,676 DENNIS HAGHIGHAT , VP MEDICAL AFFAIRS 50 0 X 364,803 0 21,487 LINDA JOHNSON , VP PATIENT CARE SERVICES 50 0 X 336,269 0 29,195 SHIRLEY BARNES , SR VP HUMAN RESOURCES 50 0 X 347,368 0 23,260 JAMES FREY , DIR ESTATE PLANNING 50 0 X 327,252 0 30,114 PAULA SERIOS , VP MARKETING/COMMUNICATIONS 50 0 X 297,424 0 18,688 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X 223,430 0 33,064 JO SEPH RANDOLPH , SYSTEM EVP COO 2 0 X 0 1,144,987 44,292	MARVIN POSNER MD , BOARD MEMBER	2 0	Х						12,000	0	0
FINANCIAL OFFICER DENNIS HAGHIGHAT, VP MEDICAL AFFAIRS LINDA JOHNSON, VP PATIENT CARE SERVICES SHIRLEY BARNES, SR VP HUMAN RESOURCES JAMES FREY, DIR ESTATE PLANNING PAULA SERIOS, VP MARKETING/COMMUNICATIONS WINIFRED JOHNSON, VP FOUNDATION/FUNDRAISING CYNTHIA MUELLER, VP MISSION JOSEPH RANDOLPH, SYSTEM EVP COO AX A66,843 CX 364,803 CX 364,803 CX 364,803 CX 364,803 CX 364,803 CX 336,269 CX 336,269 CX 347,368 CX 347,368 CX 347,368 CX 327,252 CX 30,114 CYNTHIA MUELLER, VP MISSION CYNTHIA MUELLER, VP		50 0			х				469,071	0	32,770
AFFAIRS LINDA JOHNSON , VP PATIENT CARE SERVICES SHIRLEY BARNES , SR VP HUMAN RESOURCES JAMES FREY , DIR ESTATE PLANNING PAULA SERIOS , VP MARKETING/COMMUNICATIONS WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING CYNTHIA MUELLER , VP MISSION INTEGRATION JOSEPH RANDOLPH , SYSTEM EVP COO 20 X 336,269 0 29,195 X 347,368 0 23,260 X 327,252 0 30,114 297,424 0 18,688 X 297,424 0 34,721 CYNTHIA MUELLER , VP MISSION SOO X 282,371 O 33,064		50 0			х				466,343	0	33,676
SERVICES 50 0 X 336,269 0 29,193 SHIRLEY BARNES , SR VP HUMAN RESOURCES 50 0 X 347,368 0 23,260 JAMES FREY , DIR ESTATE PLANNING 50 0 X 327,252 0 30,114 PAULA SERIOS , VP MARKETING/COMMUNICATIONS 50 0 X 297,424 0 18,688 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X 223,430 0 33,064 JOSEPH RANDOLPH , SYSTEM EVP COO 2 0 X 0 1,144,987 44,292		50 0				х			364,803	0	21,487
RESOURCES JAMES FREY, DIR ESTATE PLANNING 50 0 X 327,350 0 30,114 PAULA SERIOS, VP MARKETING/COMMUNICATIONS WINIFRED JOHNSON, VP FOUNDATION/FUNDRAISING CYNTHIA MUELLER, VP MISSION INTEGRATION JOSEPH RANDOLPH, SYSTEM EVP COO 20 X 37,350 X 297,424 0 18,688 X 297,424 0 34,721 0 34,721		50 0				х			336,269	0	29,195
PAULA SERIOS, VP MARKETING/COMMUNICATIONS WINIFRED JOHNSON, VP FOUNDATION/FUNDRAISING CYNTHIA MUELLER, VP MISSION INTEGRATION JOSEPH RANDOLPH, SYSTEM EVP COO 20 X 297,424 0 18,688 X 297,424 0 34,721 0 34,721 X 223,430 0 33,064		50 0					x		347,368	0	23,260
MARKETING/COMMUNICATIONS X 291,424 0 10,666 WINIFRED JOHNSON , VP FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION INTEGRATION 50 0 X 223,430 0 33,064 JOSEPH RANDOLPH , SYSTEM EVP COO 2 0 X 0 1,144,987 44,292	JAMES FREY , DIR ESTATE PLANNING	50 0					Х		327,252	0	30,114
FOUNDATION/FUNDRAISING 50 0 X 282,371 0 34,721 CYNTHIA MUELLER , VP MISSION 50 0 X 223,430 0 33,064 INTEGRATION 50 0 X 0 1,144,987 44,292		50 0					Х		297,424	0	18,688
INTEGRATION JOSEPH RANDOLPH , SYSTEM EVP COO 2 0	· ·	50 0					Х		282,371	0	34,721
1 / 11 1 1 1 1 1 1 1 1	*	50 0					х		223,430	0	33,064
		2 0						Х	0	1,144,987	44,292

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

· · · · · · · · · · · · · · · · · · ·					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT REV	900,099	378,298,628	378,298,628		
b MOBRENTAL	900,099	18,933,277	18,933,277		
c CHILDREN'S HOSPITAL REVENUE	900,099	7,964,374	7,964,374		
d NUTRITIONAL CARE REVENUE	900,099	1,731,855	1,731,855		
e PATHOLOGY REVENUE	621,500	339,712		339,712	

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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)

₽ 56	ection 501(c)(4), (5), or (6) organ	izations complete Part III					
	ame of the organization SSION HOSPITAL REGIONAL MEDICAL C	FNTFR		Employer ider	ntification number		
				95-1643360			
Pai		by all organizations exemp se the instructions for Scheduk		n 501(c) and section	527		
1	Provide a description of the o	rganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours						
Pa	rt I-B To be completed for Schedule C for c	by all organizations exemp details.)	t under sectio	n 501(c)(3). (See the	instructions		
1	Enter the amount of any excis	e tax incurred by the organization i	under section 4955	5	\$		
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectio	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes		
4a	Was a correction made?				┌ Yes		
ь	If "Yes," describe in Part IV						
Pa		by all organizations exemp s for Schedule C for detaıls.)	t under sectio	n 501(c), except sect	tion 501(c)(3).		
1	Enter the amount directly exp	ended by the filing organization for	section 527 exem	pt function activities	\$		
2	Enter the amount of the filing 527 exempt funtion activities	organization's internal funds contri	buted to other orga	nizations for section	\$		
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add lir	nes 1 and 2 and en	ter here and on Form	\$		
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes		
5	were made Enter the amount political contributions receive	and Employer Identification Number paid and indicate if the amount was ed and promptly and directly deliver action committee (PAC) If additio	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -		
		<u> </u>					
		1					

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ 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 instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)	

		(a	1)	(b)
		Yes	No	A mount
L	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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		70,648
j	Total lines 1c through			70,648
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No l	
b	If "Yes" enter the amount of any tax incurred under section 4912			
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ŀ	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
)ar	t III-A. To be completed by all organizations exempt under section $501(c)(4)$ so	ection	501(c)(5) or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
ь	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 \$
	· · · · · · · · · · · · · · · · · · ·	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Tidentifier

Return Reference

PART II-B, QUESTION 1:

OTHER ACTIVITIES

PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS FOR LOBBYING ACTIVITIES

SUPPLEMENTAL INFORMATION

DURING THE PAST YEAR, THE ST JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED MINIMAL LOBBYING ACTIVITY THESE INCLUDED MEETING WITH LOCAL, STATE, AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION

5 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

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 Contributions to (during year)
3 Aggregate Grants from (during year)

A ggregate value at end of year

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

5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

┌ Yes ┌ N

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

Pu	rpose(s) of conservation easements neid by the organization (chec	кан	tnat apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	Γ	Preservation of an historically importantly land area
Γ	Protection of natural habitat	\sqcap	Preservation of certified historic structure

□ Preservation of open space

Total number of conservation easements

2 Complete lines 2a-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 E
- **b** Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

- Held at the End of the Year

 2a

 2b

 2c

 2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?
- Ves EN
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(i)?

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

- \$

(ii) Assets included in Form 990, Part X

- \$

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 relating to these items

a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Collections of A	rt, His	stori	<u>cal Treas</u>	ures, or Othe	<u>r Similar As</u>	sets (d	:ontinued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	he fol	lowing that a	re a significant u	ise of its collect	ion	
а	Public exhibition	d	Γ	Loan or exc	change programs			
ь	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	plaın ho	w the	y further the	organization's ex	kempt purpose i	n	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						_ Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				anızatıon answ	ered "Yes" to	Form 9	₹90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	for c	ontributions	or other assets		_ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following t	able				T		
						Am	ount	
С.	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?	•				Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizat							
	(a)Current Year	(b	Prior '	Year (c)	wo Years Back (d)	Three Years Back	(e)Four	rears Back
1a	Beginning of year balance	_						
b	Contributions	_						
с	Investment earnings or losses	_						
d	Grants or scholarships							
е	Other expenditures for facilities and programs	_						
f	Administrative expenses	_						
g	End of year balance							
2	Provide the estimated percentage of the year end balance hel	d as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organ	nization	thata	are held and	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(
	(ii) related organizations					3a(
	If "Yes" to 3a(II), are the related organizations listed as requi Describe in Part XIV the intended uses of the organization's e					3t	<u> </u>	
4 Doz					Dart V June 10			
Pai	t VI Investments—Land, Buildings, and Equipm	ient. S			,		T	
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land			1,050,000	17,889,398	,		18,939,398
b	Buildings			16,633,388	121,659,121	46,857,671		91,434,838
c	Leasehold improvements							
d I	Equipment				79,524,328	46,995,478		32,528,850
е	Other				115,728,492	22,179	1	15,706,313
Tota	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, co	lumn (B), line	10(c).) .			2	58,609,399
						Schedule D	(Form	990) 2008

Part VII Investments—Other Securities.	See Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		- Cost of the of year market value
Closely-held equity interests		
Other INVESTMENT IN AFFILIATES	14,164,834	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -	
Desire Torrestore Desire Desire Desire de	Can Farm 000 Part V Iva 12	
Part VIII Investments—Program Related.		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 📭	
Part IX Other Assets. See Form 990, Part 3		
(a) De	scription	(b) Book value
DUE FROM TENANTS		5,137,046
DEFERRED FINANCING COSTS		3,414,705
CHM RECEIVABLE		2,985,744
MISCELLANEOUS		2,209,884
OTHER RECEIVABLES		508,176
INTEREST RECEIVABLE		84,109
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ıne 15.)	
Part X Other Liabilities. See Form 990, Pa	1.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
INTERCO WITH HEALTH SYSTEM-BONDS	154,476,697	
INTERCOMPANY PAYABLE	24,037,280	
THIRD PARTY PAYABLES	5,007,574	
OTHER LIABILITIES	4,548,922	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 188,070,473	

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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DLN: 93493133023070

OMB No 1545-0047

2008

MD NO 1545-004

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Internal Nevenue Service						Tiispection
Name of the organization MISSION HOSPITAL REGION	AL MEDICAL CENT	- D			Employer ider	ntification number
MISSION HOSPITAL REGION	AL MEDICAL CENTI	EK			95-1643360	
Part I Fundraising Ac	tivities. Complete	e if the oi	rganızat	on answered "Yes"	to Form 990, Part IV	 , line 17.
1 Indicate whether the orga			_		·	,
a Mail solicitations	inization raiseu lunus	tillough al	ily of the		non-government grants	
b Email solicitations				•	government grants	
c Phone solicitations				g Special fundrais		
d In-person solicitations	5			- , ,	•	
2a Did the organization have or key employees listed in			•	, ,		Γ Yes Γ No
b If "Yes," list the ten higher to be compensated at leas						
		(iii) fundrais			(v) A mount paid to	
(i) Name of Individual	(#1) A about to	custo		(iv) Gross receipts	(or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity	contr		from activity	fundraiser listed in	(or retained by) organization
		contribu Yes	No No		col (i)	
		res	140			
	+					
						_
			<u> </u>			
<u>Total</u>			<u> </u>			<u> </u>

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	tal Eve	
			GOLF	GALA	6		(a) th (c))	rougn
			(event type)	(event type)	(total number)			
E E	1	Gross receipts	321,257	1,308,560	545,447		2,17	5,264
Revenue	2	Less Charitable contributions	241,510	950,426	505,253		1,69	7,189
	3	Gross revenue (line 1 minus line 2)	79,747	358,134	40,194		47	8,075
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	79,091	136,299	66,855		28	2,245
	7	Other direct expenses	24,341	87,971	120,301		23	2,613
Dreg	8	Direct expense summary Add lin	es 4 through 7 in column	(d)			51	4,858
_	9	Net income summary Combine III	nes 3 and 8 ın column (d))			- 3	6,783
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
ш.	1	Gross revenue			291,548		29	1,548
မှာ မ	2	Cash prizes			3,750			3,750
Expenses	3	Non-cash prizes			37,900		3	7,900
<u>ភ</u> ក្ល	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	▼ Yes <u>100 %</u> No	│ Yes	▼ Yes <u>100 %</u> ► No			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)			4	1,650
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)			24	9,898
							Yes	No
9		er the state(s) in which the organiza						
a b		the organization licensed to operate No," Explain	gaming activities in eacr	n of these states?		9a		No
		SCHEDULE O						
10a b		re any of the organization's gaming l Yes," Explain	licenses revoked, suspen	ded or terminated during	g the tax year?	10a		No
		es the organization operate gaming a		2		11	1	No

								1 03	110
13	Indicate the	percentage of gamin	g activity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acılıty			13b	100 %			
14	Provide the records	name and address of	the person who prepares the	organization's gaming/sp	pecial events l	books and			
	Name 🟲	WINIFRED JOHNS	N C						
	Address 🟲	27700 MEDICAL (
15a			tract with a third party from v				15a		Νο
ь	If "Yes," ent	er the amount of gam	ing revenue received by the	organization 🟲 \$		_ and the			
			d by the third party 🟲 \$						
с	If "Yes," ent	er name and address							
	Name 🟲								
	Address ►								
16	Gaming man	ager information							
	Name 🟲	WINIFRED JOHNSO	N						
	Gaming man	ager compensation 🕨	. \$14,	119					
	Description	of services provided l	VP FOUNDATION/FUND	RAISING					
	Director,	officer/	Employee	┌ Independe	nt contractor				
17	Mandatory d	ıstrıbutıons							
а	=		state law to make charitabl	_	= -	ds to	17a		Νo
b			required under state law dist		organizations	orspent			

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DLN: 93493133023070

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number

95-1643360

Pa	rt I Charity Care and	d Certain O	ther Com	munity Benefits a		r 2008)			
					, ,	,		Yes	No
1a	Does the organization have a	a charity care	policy? If "N	lo," skip to question 6a			1a		
b	If "Yes," is it a written policy	?					1b		
2	If the organization has multip care policy to the various ho		ındıcate whic	ch of the following best	describes application	of the charity			
	A pplied uniformly to all h		Is	Applied uniformly	y to most hospitals				
3	Answer the following based organization's patients	on the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe						3a		
	Г _{100%} Г _{150%}			Other			За		
h						adwiduals 2 If			
D	Does the organization use FF "Yes," indicate which of the f						l <u>.</u> .		
							3Ь		
	T 200% T 250%	I 300	%	350%	0% Other _	%			
С	If the organization does not u determining eligibility for free test or other threshold, regai	e or discounte	d care Inclu	ide in the description w	hether the organization				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care po	olicy?	5a		
b	If "Yes," did the organization	n's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resu care to a patient who was eli						5c		
6a	Does the organization prepar	re an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	allable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	rided in the Schedule H	instructions Do not	submit these			
7	Charity Care and Certain (Other Commu	nity Benefits	at Cost			<u> </u>		
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)	,							
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs .								
Other Benefits e Community health improvement services and community benefit operations (from (worksheet 4)									
	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)					<u> </u>			
h	Research (from worksheet 7)		_						
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 200)	8)		_		_		_		
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 MEDICAL CENTER ROAD	X	Х					Х		
MISSION VIEJO, CA 92691									
		1		1		1			<u> </u>

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493133023070

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

Open to Public Inspect ion

Employer identification number

MISSION HOSPITAL REGION						95-1643360	
	ıntaın records to : d to award the gra	substantiate the amoun	t of the grants or assista		gibility for the grants or ass		✓ Yes
Part II Grants and Oth Form 990, Part I Part IV and Scho	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 sec organizations					•		12
For Paperwork Reduction Act Noti				Cat No 50055	5P		2 hedule I (Form 990) 2008

	•	,										
Part III	Grants	s and Other	Assistance to	Individuals in	the United States.	Complete if the	organization a	answered "Y	es" on Form	າ 990,	Part IV, lır	ne 22.
	Use Sc	chedule I-1 (Form 990) if add	ditional space is r	needed.							

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
LINE 2		DONATIONS TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF MISSION HOSPITAL REGIONAL MEDICAL CENTER

Software ID: Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
AQUINAS INSTITUTE OF THEOLOGY23 SOUTH SPRING AVE ST LOUIS,MO 631083323	43-1233794	501(C)(3)	15,000				SPONSORSHIP
DRUG USE IS LIFE ABUSE PO BOX 28 SANTA ANA,CA 92702	95-3498487	501(C)(3)	12,000				SPONSORSHIP
JSERRA CATHOLIC HIGH SCHOOL26351 JUNIPERO SERRA SJC,CA 92675	33-0944424	501(C)(3)	105,900				SPONSORSHIP
LEARNING FOR LIFEO C COUNCIL BSA1211 EAST DYER ROAD SANTA ANA,CA 92703	95-1727660	501(C)(3)	10,000				SPONSORSHIP
LIGA INTERNATIONAL 1464 N FITZGERALD RIALTO,CA 92376	95-6111639	501(C)(3)		175,494	ACTUAL COST	VAR MED SUPPLIES	SUPPLIES DONATIONS
ORANGE COUNTY FIRE AUTHORITYPO BOX 51985 IRVINE,CA 926197115	95-4568282	GOVERNMENT	20,000				SPONSORSHIP
SADDLEBACK COLLEGE FOUNDATION28000 MARGUERITE MISSION VIEJO, CA 92692	33-0390547	501(C)(3)	26,000				SPONSORSHIP
ST TIMOTHY'S CATHOLIC CHURCH29102 CROWN VALLEY LAGUNA NIGUEL, CA 92677	95-3656905	CHURCH		81,656	COST PER MEAL	FOOD DONATIONS	SPONSORSHIP
UC IRVINE555 ADMINISTRATION IRVINE,CA 92697	95-2226406	GOVERNMENT	115,000				SPONSORSHIP
WEST COAST SPORTS MEDICINE1200 ROSECRANS MANHATTAN BEACH, CA 90266	95-4497009		7,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMINO HEALTH CENTER30300 CAMINO CAP SAN JUAN CAP,CA 92675	33-0574214	501(C)(3)	621,758				COMMUNITY OUTREACH
ST JOSEPH HEALTH SYSTEM FOUNDATION 500 S MAIN ST 500 ORANGE, CA 92868	33-0143024	501(C)(3)	1,730,953				CARE FOR THE POOR
ST JOSEPH HERITAGE HEALTHCARE (MHAP) 279 E IMPERIAL 750 FULLERTON,CA 92635	33-0185031	501(c)(3)	1,945,438				PRO GRAM FUNDING
ST JOSEPH HOME CARE 1845 W ORANGEWOOD 100 ORANGE, CA 92868	33-0307671		26,064				HOSPICE SUPPORT

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DLN: 93493133023070

OMB No. 1545-0047

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

·	 •	
Name of the organization		Employer identification number
MISSION HOSPITAL REGIONAL MEDICAL CENTER		
		05 1643360

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II 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 line 1a is checked, did the organization follow a provision of all the expenses described above? If	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all				
	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			
а	Receive a severance payment or change of contro	l payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed ' describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MARGARITA COWLEY	(ı) (ıı)	239,434 0	85,891 0	143,746 0	18,372 0	14,398 0	501,841	13,512
KENNETH MCFARLAND	(ı) (ıı)	246,654 0	85,891 0	133,798 0	15,954 0	17,722 0	500,019	(
DENNIS HAGHIGHAT	(ı) (ıı)	199,067 0	82,005 0	83,731 0	9,035 0	12,452 0	386,290 0	14,615 0
SHIRLEY BARNES	(ı) (ıı)	168,479 0	64,116 0	114,773 0	15,942 0	7,318 0	370,628	(
LINDA JOHNSON	(ı) (ıı)	174,680 0	88,213 0	73,376 0	11,433 0	17,762 0	365,464 0	29,07 ⁴ 0
JAMES FREY	(1) (11)	119,008 0	137,552 0	70,692 0	13,027 0	17,087 0	357,366 0	56,881 C
PAULA SERIOS	(1) (11)	178,712 0	65,621 0	53,091 0	11,492 0	7,196 0	316,112	33,402
PETER BASTONE	(ı) (ıı)	0 386,669	0 162,593	0 186,673	0 16,063	0 23,006	0 775,004	(
WILLIAM MURIN	(ı) (ıı)	0 412,220	0 116,187	0 131,001	0 6,900	0 10,550	0 676,858	(
JOSEPH RANDOLPH	(ı) (ıı)	0 676,697	0 216,469	0 251,821	0 20,643	0 23,649	0 1,189,279	(
WINIFRED JOHNSON	(ı) (ıı)	120,228 0	54,685 0	107,458 0	18,178 0	16,543 0	317,092	(
CYNTHIA MUELLER	(ı) (ıı)	106,843 0	44,278 0	72,309 0	20,107	12,957 0	256,494 0	(
	(i)							
	(ii)							
	(i) (ii)						-	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SCHEDULE J, PART I, LINE 3 THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT AND IS DISCLOSED AS A PERSON PAID BY RELATED ORGANIZATION SEE SCHEDULE O FOR 990, PART VI, LINE 15A FOR THE PROCESS THAT IS COMPLETED BY THE ST JOSEPH HEALTH SYSTEM SCHEDULE J, PART I, LINE 4B EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F) THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007 AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN THE FOLLOWING INDIVIDUALS INCLUDED IN FORM 990, PART VII RECEIVED A DISTRIBUTION FROM THE 457(F) PLAN DURING THE YEAR MARGARITA COWLEY - \$13,512 DENNIS HAGHIGHAT - \$14,615 LINDA JOHNSON - \$29,074 JAMES FREY - \$56,881 PAULA SERIOS - \$33,402 SCHEDULE J, PART I, LINE 7 A PORTION OF THE EXECUTIVE'S SALARY IS PLACED "AT-RISK" AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERES, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY

Software ID: Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name	(B) Bre	akdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base Compensatio	on	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(ı) ıı)	239,434 0	85,891 0	143,746 0	18,372 0	14,398 0	501,841 0	13,512 0
KENNETH MCFARLAND	(ı) ıı)	246,654 0	85,891 0	133,798 0	15,954 0	17,722 0	500,019 0	0
DENNIS HAGHIGHAT	(ı) ıı)	199,067 0	82,005 0	83,731 0	9,035 0	12,452 0	386,290 0	14,615 0
SHIRLEY BARNES	(ı) ıı)	168,479 0	64,116 0	114,773 0	15,942 0	7,318 0	370,628 0	0
LINDA JOHNSON	(ı) ıı)	174,680 0	88,213 0	73,376 0	11,433 0	17,762 0	365,464 0	29,074 0
JAMES FREY	(ı) ıı)	119,008 0	137,552 0	70,692 0	13,027 0	17,087 0	357,366 0	56,881 0
PAULA SERIOS	(ı) ıı)	178,712 0	65,621 0	53,091 0	11,492 0	7,196 0	316,112 0	33,402 0
PETER BASTONE	(ı) !ı)	0 386,669	0 162,593	0 186,673	0 16,063	0 23,006	0 775,004	0
WILLIAM MURIN	(ı) ıı)	0 412,220	0 116,187	0 131,001	0 6,900	0 10,550	0 676,858	0
JOSEPH RANDOLPH	(ı) ıı)	0 676,697	0 216,469	0 251,821	0 20,643	0 23,649	0 1,189,279	0
WINIFRED JOHNSON	(ı) ıı)	120,228 0	54,685 0	107,458 0	18,178 0	16,543 0	317,092 0	0
CYNTHIA MUELLER	(I) II)	106,843 0	44,278 0	72,309 0	20,107 0	12,957 0	256,494 0	0

DLN: 93493133023070

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER

Part I Types of Property

Employer identification number

95-1643360

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d) Method of det	termir	una	
		ıf	it diliber of contributions	Form 990, Part VIII, line	revenu		9	
		applicable		1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		393,165	COST/SELLING PRI	CE		
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded . Securities—Closely held stock .	Х	6	210,615	COST/SELLING PRI	CE		
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe							
	IOUS 1S FOR							
	DRAISING							
EVE	NTS)	Х	621	0	0			
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			0
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must	+	Yes	No
	least three years from the date o		•	not required to be used for e	exempt purposes			
	for the entire holding period? .				[30a		No
	If "Yes", describe the arrangeme			_		_		
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?i	31	Yes	
32a	Does the organization hire or use contributions?	third parti	•	to solicit, process, or sell r		32a		No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M, PART I, LINE 33 PROPERTY RECEIVED BUT NOT THE FOLLOWING ITEMS WERE NOT INCLUDED IN GIFT REPORTED ON FORM 990, PART REVENUE ON THE ORGANIZATION'S BOOKS VARIOUS VIII, LINE 1G ITEMS FOR FUNDRAISING EVENTS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

DLN: 93493133023070

Open to Public Inspection

OMB No 1545-0047

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number

95-1643360

ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	ORGANIZATION'S MISSION	AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM (SJHS), MISSION HOSPITAL REGIONAL MEDICAL CENTER IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE OUR MISSION IS REALIZED THROUGH THE DELIVERY OF QUALITY IN-PATIENT AND OUT-PATIENT SERVICES, AND FOCUSED COMMUNITY INITIATIVES AND PROGRAMS THAT ARE DEDICATED TO IMPROVING THE LIVES OF ALL WE SERVE

<u> </u>		PROGRAMS THAT ARE DEDICATED TO IMPROVING THE LIVES OF ALL WE SERVE
ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	LIMING OUT CLE MISSION AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM (SURS), MISSION HOSPITAL REGIONAL MERCAL CONTROL OF THE STAND OF THE MISSION AS A MEMBER OF THE STAND OF THE MISSION AS A MEMBER OF THE STAND OF THE MISSION AS A MEMBER OF THE STAND OF THE MISSION AS A MEMBER OF THE STAND OF

FOR MORE INFORMATION ON THE ST JOSEPH HEALTH SYSTEM AND OUR LOCAL MINISTRIES GO TO

WWW STJOE ORG

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	CONSOLIDATED AUDITED FINANCIAL STATEMENTS	MISSION HOSPITAL'S FINANCIAL RESULTS ARE PART OF THE ST JOSEPH HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS THE ST JOSEPH HEALTH SYSTEM AND AFFILIATES ARE AUDITED ANNUALLY BY AN INDEPENDENT ACCOUNTING FIRM PROCEDURES INCLUDE ACCOUNT AND INTERNAL CONTROL TESTING AT MISSION HOSPITAL TO ISSUE A CONSOLIDATED OPINION NO STAND ALONE AUDITS ARE PERFORMED

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	MISSION HOSPITAL REGIONAL MEDICAL CENTER HAS TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE MISSION HOSPITAL BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE MISSION HOSPITAL BOARD AS NOMINATIONS AND MUST BE APPROVED BY THE ST JOSEPH HEALTH SYSTEM, AS A CORPORATE MEMBER, AND THE ST JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OF OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE. THE FORM 990 IS THEN REVIEWED BY AN OFFICER(S) OF THE ORGANIZATION A COPY OF THE FORM 990 FILING IS THEN DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE MARCH 2010 BOARD MEETING DURING BOARD FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE BOARD FINANCE COMMITTEE CHAIR IS THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST HE/SHE MAY HAVE ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANYTIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WHEN A CONFLICT IS IDENTIFIED SUCH CONFLICT IS DISCLOSED TO THE BOARD FINANCE COMMITTEE IF THE CONFLICT INVOLVES A MEMBER OF THAT COMMITTEE THE REMAINING COMMITTEE MEMBERS WILL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS THE OFFICER, TRUSTEE OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETING IN WHICH THE COMMITTEE CONDUCTS IT EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITEE DETERMINES AN UNRESOLVED CONFICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER IN CONSULTATION WITH SJHS GENERAL COUNSEL WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS AND MITIGATION STRATEGIES AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCESS USED TO DETERMINE COMPENSATION	THE EXECUTIVE COMPENSATION PROCESS AT ST JOSEPH (SJHS) IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES. THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT SJHS'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT AND FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO FULFILL THEIR RESPONSIBILITY, THE COMMITEE REGULARY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ON-GOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE WORKLIFE COMMITTEE IS COMPRISED OF APPROXIMATELY 4 TO 6 INDEPENDENT MEMBERS OF THE BOARD THEY MEET APPROXIMATELY 4 TIMES PER YEAR AND MAKE ALL CRITICAL DECISIONS IN EXECUTIVE SESSION THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED THE WORKLIFE COMMITTEE PERFORMED IT LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN JUNE 2008

ldentifier	Return Reference	Explanation
•	GOVERNING DOCS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STMTS AVAILABLE	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE

ldentifier	Return Reference	Explanation
FORM 990, PART VII	HOURS DEVOTED TO RELATED ORGANIZATIONS	PETER BASTONE SERVES AS CEO OF MISSION HOSPITAL REGIONAL MEDICAL CENTER (MHRMC) ALTHOUGH HE IS COMPENSATED BY THE TAX-EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, HE DEVOTES 50 HOURS PER WEEK TO MHRMC AND NO HOURS TO SJHS WILLIAM MURIN SERVES ON THE BOARD OF MHRMC AND IS AN EMPLOYEE OF SJHS HE DEVOTES 50 HOURS PER WEEK TO SJHS AND 1 HOUR PER WEEK TO MHRMC JOSEPH RANDOLPH IS A FORMER BOARD MEMBER OF MHRMC AND A CURRENT EMPLOYEE OF SJHS HE DEVOTES 50 HOURS PER WEEK TO SJHS AS THE SYSTEM EXECUTIVE VP AND COO

ldentifier	Return Reference	Explanation
SCHEDULE G, PART III, LINE 9B	LICENSE TO OPERATE GAMING ACTIVITY	As a tax-exempt hospital, Mission Hospital Regional Medical Center is exempt from the California Attorney General registration requirements for raffles

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number					
				95-1643360		
Part I Identification of Disregarded Entities		1		T		
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organiz	zations		- -			
(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 statu: (if section 501(c)(3)	s Direct controlling entity	
See Additional Data Table						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y		Schedule R (Form 990)	2008

(A) Name, address, and EIN of related organization	(B) Primary act		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	ortionate	Code V—UBI on Box 20 of	f K-1		alor ging
								Yes	No			Yes	No
												-	
												_	
Part IV Identification of Re	alated Org	anizatione	Tavahle a	s a Corporation	or Trust								
(A)	aleu Org	1	Taxable a	(C)	(D)	(E)	(F)			G)	(1	H)	
Name, address, and EIN of related orga	anızatıon	(B) Primary activit	ty	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total incom	ne	Sha end-	ore of of-year sets	Perce	entage ership	
ST JOSEPH PROF SVCS ENTERPRISES INC 500 S MAIN STREET SUITE 700 ORANGE, CA928684507 33-0155323		HEALTHCARE SV	cs	CA	NA	C-CORP		0		0	0 %		
ST JOSEPH DIVERSIFIED VENTURES INC 500 S MAIN STREET SUITE 700 ORANGE, CA928684507 33-0148989		HEALTHCARE SV	cs	СА	NA	C-CORP		0		0	0 %		
AMERICAN UNITY GROUP LTD 58 PAR-LA-VILLE ROAD HAMILTON HM HX BD		CAPTIVE INSURANCE		BD	NA	C-CORP		0		0	0 %		
MISSION VIEJO MEDICAL VENTURES INC 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0212905		HEALTHCARE SV	cs	CA	N/A	C-CORP	36,8	.00		358,559	100 %	<i>l</i> o	
MISSION MEDICAL CENTER ASSOCIATION 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0201044		SERVICE		СА	N/A	C-CORP		0		0	100 %	6	

Part V Transactions with R	Related Organizations
----------------------------	-----------------------

Part V Transactions with Related Or	janizations					
Note. Complete line 1 if any entity is listed in	Parts II, III or IV			Y	es	No
During the tax year, did the orgranization engage	ın any of the following transactions with one	or more related organizations listed in Parts II-IV	7			
a Receipt of (i) interest (ii) annuities (iii) royal	ties (iv) rent from a controlled entity		1	а	ı	No
b Gift, grant, or capital contribution to other org	anızatıon(s)		1	Ь Ү	es	
c Gift, grant, or capital contribution from other of	rganization(s)		1	c Y	es	
d Loans or loan guarantees to or for other organ	ızatıon(s)		1	d	ı	No
e Loans or loan guarantees by other organization	n(s)		1	е	ı	No
f Sale of assets to other organization(s)			1	f		No
g Purchase of assets from other organization(s			1	g		No
h Exchange of assets			1	_		No
i Lease of facilities, equipment, or other assets	to other organization(s)		1	i	ı	No
j Lease of facilities, equipment, or other assets			1			No
k Performance of services or membership or fur	· · · · · · · · · · · · · · · · · · ·	•				No
I Performance of services or membership or fun)	1	_	_	No
m Sharing of facilities, equipment, mailing lists,	or other assets			m	_	No
n Sharing of paid employees			1	n		No
• Reimbursement paid to other organization for	expenses		1	0	1	No
p Reimbursement paid by other organization for	expenses		1	р		No
q Other transfer of cash or property to other org	ianization(s)		1	9	+,	No
r Other transfer of cash or property from other of			1		1	No
If the answer to any of the above is "Yes," see	the instructions for information on who mus	t complete this line, including covered relationship:	s and transaction thresholds			
(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved			
ST JOSEPH HEALTH SYSTEM FOUNDATION		В		1,730	0,953	
2) ST 10SEPH HEALTH SYSTEM FOLINDATION						

(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	В	1,730,953
(2) ST JOSEPH HEALTH SYSTEM FOUNDATION	С	1,471,582
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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)	Organizations		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	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 501(c)(3))	(F) Direct Controlling Entity
ST JOSEPH HEALTH SYSTEM					
500 S MAIN STREET SUITE 700 ORANGE, CA928684507 95-3589356	HEALTHCARE	CA	501(C)(3)	11A	зэнм
QUEEN OF THE VALLEY MEDICAL CENTER					
NAPA, CA94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA95405 94-1231005	HEALTHCARE	СА	501(C)(3)	3	SJHS
SRM ALLIANCE HOSPITAL SERVICES					
400 N MCDOWELL BLVD PETALUMA, CA94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF EUREKA					
2700 DOLBEER STREET EUREKA, CA95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS
	HEALTHCARE	CA	501(C)(3)	3	SJHS
FORTUNA, CA95540 94-1384665					
ST JUDE MEDICAL CENTER					
101 EAST VALENCIA MESA DRIVE FULLERTON, CA92835 95-1643325	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF ORANGE					
1100 WEST STEWART DRIVE ORANGE, CA92868 95-1643359	HEALTHCARE	СА	501(C)(3)	3	SJHS
ST MARY MEDICAL CENTER					
18300 HIGHWAY 18 APPLE VALLEY, CA92307 95-1914489	HEALTHCARE	СА	501(C)(3)	3	SJHS
COVENANT HEALTH SYSTEM					
3615 19TH STREET LUBBOCK, TX79410 75-2765566	HEALTHCARE	тх	501(C)(3)	3	SJHS
ST JOSEPH HEALTH SYSTEM FOUNDATION					
500 S MAIN STREET SUITE 1000 ORANGE, CA928684507 _33-0143024	HEALTHCARE	СА	501(C)(3)	7	SJHS
SISTERS OF ST JOSEPH OF ORANGE					
480 S BATAVIA ORANGE, CA92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A
ST JOSEPH HEALTH MINISTRY					
500 S MAIN STREET SUITE 400 ORANGE, CA92868	RELIGIOUS ORG	СА	501(C)(3)	1	SSJO
CAMINO HEALTH CENTER					
30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA92675 33-0574214	HEALTHCARE	СА	501(C)(3)	7	MHRMC
MISSION HOSPITAL REGIONAL MED CTR FOUND					
27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 33-0406118	FOUNDATION	СА	501(C)(3)	7	MHRMC