See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Pomona Valley Hospital Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1798 North Garey Avenue

City or town, state or country, and ZIP + 4
Pomona, CA 91767

D Employer identification number
95-1115230

E Telephone number
(909) 865-9500

G Gross receipts $ 417,466,993

F Name and address of principal officer
Richard Yochum
1798 North Garey Avenue
Pomona, CA 91767

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www pvhmc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1903 | **M** State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	3,410
6	Total number of volunteers (estimate if necessary)	6	964
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	449,401
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,184,942	604,549
9	Program service revenue (Part VIII, line 2g)	450,750,312	409,614,244
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,834,284	2,469,936
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,699,876	4,296,297
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	458,469,414	416,985,026
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	236,430,749	250,178,804
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	200,641,357	170,933,145
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	437,072,106	421,111,949
19	Revenue less expenses Subtract line 18 from line 12	21,397,308	-4,126,923

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	310,770,583	306,935,703
21	Total liabilities (Part X, line 26)	113,197,087	114,785,534
22	Net assets or fund balances Subtract line 21 from line 20	197,573,496	192,150,169

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-08

MICHAEL NELSON EXEC VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612		EIN ▶ Phone no ▶ (949) 794-2300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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) (Expenses $ 397,484,849 including grants of $ 0) (Revenue $ 413,458,043)

SEE SCHEDULE O

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

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 397,484,849

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, Part II*	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 similar funds or 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	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	
35	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	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	518		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,410		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	23		
b	Enter the number of voting members that are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a	Yes
b	Each committee with authority to act on behalf of the governing body?			8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 ▶

JULI HESTER-EXEC DIR FINANCE
1798 NORTH GAREY AVENUE
POMONA, CA 91767
(909) 865-9881

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	5,972,094	0	793,726

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 503

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER FAMILY MEDICINE ASSOC 1770 N Orange Grove Pomona, CA 91767	Medical	4,597,874
LUSARDI CONSTRUCTION CO 1570 Linda Vista Drive SAN MARCOS, CA 92078	Construction	2,674,902
KRONOS SPINAL TECHNOLOGIES PO Box 1693 Bountiful, UT 840111693	Prosthesis	2,209,850
DAVIS WRIGHT TREMAINE LLP 1201 Third Avenue Ste 2200 Seattle, WA 981013045	Legal	970,861
ADVANCE BUSINESS GRAPHICS 3810 Wabash Drive Mira Loma, CA 917521134	Business Forms	884,993

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 51

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	184,816			
	e	Government grants (contributions)	1e	364,215			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,518			
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		604,549			
Program Service Revenue			Business Code				
	2a	Patient Care Revenue	622,110	408,884,399	408,884,399		
	b	Non-Patient Lab Revenue	621,511	355,600		355,600	
	c	Physician Office Rental Income	621,111	302,134	280,444	21,690	
	d	S CORP K-1 INCOME	531,110	72,111		72,111	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		409,614,244			
	3	Investment income (including dividends, interest and other similar amounts)		2,692,091			2,692,091
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	186,564				
	b	Less rental expenses	183,467				
	c	Rental income or (loss)	3,097				
	d	Net rental income or (loss)		3,097			3,097
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		76,345			
	b	Less cost or other basis and sales expenses		298,500			
	c	Gain or (loss)		-222,155			
	d	Net gain or (loss)		-222,155			-222,155
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Rebates Refunds	622,110	1,978,728	1,978,728		
	b	Food Sales	722,212	1,375,520	1,375,520		
	c	HLT Educ Training	923,110	128,375	128,375		
	d	All other revenue		810,577	810,577		
	e	**Total.** Add lines 11a–11d		4,293,200			
	12	**Total revenue.** See Instructions		416,985,026	413,458,043	449,401	2,473,033

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,533,794	130,238	2,403,556	
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			
7	Other salaries and wages	200,693,278	192,699,090	7,994,188	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,815,514	6,461,475	354,039	
9	Other employee benefits	25,285,863	24,502,245	783,618	
10	Payroll taxes	14,850,355	14,204,382	645,973	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,895,269	33,640	1,861,629	
c	Accounting	213,226		213,226	
d	Lobbying	60,577		60,577	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	18,044,479	16,932,559	1,111,920	
12	Advertising and promotion	2,121,997	1,820,408	301,589	
13	Office expenses	66,338,005	62,279,480	4,058,525	
14	Information technology	4,027,408	3,781,013	246,395	
15	Royalties . .	0			
16	Occupancy	8,987,885	8,438,011	549,874	
17	Travel	217,755	171,696	46,059	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	331,101	254,925	76,176	
20	Interest	2,887,694	2,586,105	301,589	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,716,257	19,448,847	1,267,410	
23	Insurance	4,480,240	4,206,141	274,099	
24	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)				
a	Bad Debt	23,012,894	23,012,894		
b	Purchased Services	15,258,110	14,324,627	933,483	
c	All other expenses	2,340,248	2,197,073	143,175	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	421,111,949	397,484,849	23,627,100	0
26	**Joint costs.** Check here ▶ ☐ if following 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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	1,155,944
	2	Savings and temporary cash investments		27,255,726	2	12,784,689
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		67,024,987	4	62,965,850
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,142,710	7	1,111,327
	8	Inventories for sale or use		2,159,307	8	2,755,630
	9	Prepaid expenses and deferred charges		3,426,879	9	3,860,681
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 438,320,515			
	b	Less accumulated depreciation	10b 286,211,559	141,719,562	10c	152,108,956
	11	Investments—publicly traded securities		54,718,212	11	62,178,522
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		38,382	13	-345,678
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,284,818	15	8,359,782
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		310,770,583	16	306,935,703
Liabilities	17	Accounts payable and accrued expenses		45,117,336	17	49,272,704
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		55,105,000	20	51,015,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		172,124	23	3,363,262
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,802,627	25	11,134,568
	26	**Total liabilities.** Add lines 17 through 25		113,197,087	26	114,785,534
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		196,426,125	27	191,012,127
	28	Temporarily restricted net assets		441,360	28	432,025
	29	Permanently restricted net assets		706,011	29	706,017
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		197,573,496	33	192,150,169
	34	Total liabilities and net assets/fund balances		310,770,583	34	306,935,703

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Pomona Valley Hospital Medical Center	95-1115230

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		60,577
j	Total lines 1c through 1i			60,577
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Lobbying Expense	SCHEDULE C, Part II-B, Line 1i	Lobbying expense is included in the annual dues for hospital association of Southern California, CHA/CHHS, and Peach

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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 End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	706,011	705,996			
b Contributions					
c Investment earnings or losses	6	15			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	706,017	706,011			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,749,273	11,054,200		17,803,473
b Buildings		108,925,084	69,503,625	39,421,459
c Leasehold improvements		10,169,810	1,942,475	8,227,335
d Equipment		283,830,640	214,765,459	69,065,181
e Other		17,591,508		17,591,508
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				152,108,956

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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 X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Self Insurance Reserves	9,331,128
Deferred Compensation	1,803,440
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,134,568

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part 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) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Endowment Funds	SCHEDULE D, PART V, LINE 4	Pomona Valley Hospital Medical Center has a permanently restricted endowment from a restricted donation received through a Unitrust, the income from which is used to support the Hospital's operations

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			7,712,686		7,712,686	1 940 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			146,201,244	91,857,993	54,343,251	13 640 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,761,650	1,740,448	21,202	0 010 %
d **Total** Charity Care and Means-Tested Government Programs			155,675,580	93,598,441	62,077,139	15 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	84	775,095	2,668,112	1,285,710	1,382,402	0 350 %
f Health professions education (from Worksheet 5)	25	2,028	3,825,796	56,510	3,769,286	0 950 %
g Subsidized health services (from Worksheet 6)	13	13	817,469		817,469	0 210 %
h Research (from Worksheet 7)	1	50	39,000	11,930	27,070	0 010 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits	123	777,186	7,350,377	1,354,150	5,996,227	1 520 %
k **Total.** Add lines 7d and 7j	123	777,186	163,025,957	94,952,591	68,073,366	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1		1,125		1,125	
2	Economic development	1		1,138		1,138	
3	Community support	5	1,572	9,265		9,265	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1		600		600	
7	Community health improvement advocacy						
8	Workforce development	2	106	349,900		349,900	0 090 %
9	Other	17	15,666	198,368	12,500	185,868	0 050 %
10	**Total**	27	17,344	560,396	12,500	547,896	0 140 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,308,014		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	109,162		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	73,334,157		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	71,894,586		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,439,571		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
Pomona Valley Hospital Medical Center 1798 N Garey Ave Pomona, CA 91767	X	X		X			X		
Pomona Valley Health Center 1770 Orange Grove Pomona, CA 91767									OUTPATIENT PHYSICIAN CLINIC
Pomona Valley Health Center Chino Hills 2140 Grand Avenue Suite 125 Chino Hills, CA 91709									OUTPATIENT PHYSICIAN CLINIC
Pomona Valley Health Center Crossroads 3110 Chino Avenue Suite 150 Chino Hills, CA 91709									OUTPATIENT PHYSICIAN CLINIC
Pomona Valley Health Center Claremont 1601 Monte Vista Avenue Claremont, CA 91711									OUTPATIENT PHYSICIAN CLINIC
Pomona Valley Imaging Center-Grandview 13768 Roswell Avenue Suite 103 Chino Hills, CA 91710									DIAGNOSTIC CENTER
PVHMC Covina OP Physical Therapy Clinic 420 W Rowland Street Covina, CA 91723									REHABILITATION CENTER
PVHMC Milestone Physical Therapy Center 1775 Monte Vista Avenue Claremont, CA 91711									REHABILITATION CENTER
PVHMC Claremont Aquatic Therapy Pool 480 S Indian Hill Blvd Claremont, CA 91711									REHABILITATION CENTER

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

None of the money identified under the subsidized health services category pertains to a physician clinic in our Community Benefit Report

Bad Debt Expense included on Form 990, Part IX, line 25, column (a) but excluded here equals $23,012,894

Costing Methodology used is cost-to-charge ratio using Worksheets 1, 2, and 3

Costing Methodology used is cost-to-charge ratio using Worksheets 2 and A

The costing method used is cost to charge ratio The source of information is the Medicare Cost Report

The Credit & Collections department sends a statement to each patient/guarantor as notification of the patient responsibility and amount due If the patient has insurance coverage, the charges incurred are billed to the insurance plan/carrier provided by the patient and verified as eligible coverage by Pomona Valley Hospital Medical Center staff The amount billed to the patient is the amount determined by the insurance carrier as patient responsibility For uninsured patients, a complete itemized statement of charges is mailed to the patient The Hospital sends first party letters to the patient when billing the patient their portion after insurance has paid or their balance if uninsured First party letters are generated from the Patient Accounting Financial system and mailed to each patient/guarantor in an effort to collect monies owed The letter series consists of three system generated letters Each letter mailed indicates the amount owed and instructs the patient to contact the Business Office to discuss their options and/or make payment arrangements If the patient calls and expresses an inability to pay, the Business Office associate will explain the options available including 1) A monthly installment option at no interest if paid within 12 months or an agreed upon period, 2) Patients without insurance are offered a prompt pay discount greatly discounting their balance if paid within 30 days, and 3) When a patient expresses an inability to pay, the patient is informed of the Hospital's financial assistance program and if the patient is interested a Financial Assistance Application is mailed to the patient If the patient fails to respond to the first statement/letter mailed to the patient, a phone call is placed During the call, the options above are shared with the patient If the collector is unable to contact the patient by phone due to a disconnected phone number, an "Unable to reach by phone" letter is sent to the patient This letter informs the patient of payment arrangement options and other financial assistance programs available to assist them with their financial obligations A second statement is mailed to the patient advising the patient to contact the business office if the patient is unable to remit the full amount due If and when a patient calls the business office in response to PVHMC's collection correspondence, the patient is informed of the various financial assistance options In the event a patient has a question in completing the application, the Business Office Supervisor, Manager and/or Director are available to assist the patient in completing the application

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

In 2009, a Community Needs Assessment was completed by researchers from a local university Our methodology included collecting primary data from a random sample of residents living in the hospital's primary service area through telephone surveys given in both English and Spanish Information gathered from the needs assessment included demographic profile and self-reported health evaluation, health insurance coverage, barriers to receiving needed health services, utilization of health care services for routine primary/preventative care, utilization of urgent care services, need for specialty health care, and experience with Pomona Valley Hospital Medical Center (including visits to the emergency department, or through education) The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 5 & 8 of Part II as Community Support, Leadership development and training for community members and workforce development

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

Public Notice Public notices are posted in PVHMC's registration and billing areas notifying patients, family and general public that we offer charitable assistance to those who qualify The notice provides a business office phone number where they may contact a business office representative to obtain additional information about the Hospital's financial assistance programs The notices are posted in both English and Spanish These public postings are located in the areas listed below - Admitting registration site I - Admitting registration site II - Admitting registration lab - Admitting registration Pre Operative unit - Cashiers office - Admitting South registration - Admitting Women's Center registration - Admitting emergency registration - Off-Site Insurance Verification - Contracts Billing Suite 120 and 160 - Business Services Systems - Government and Patient Billing Financial Counseling - Emergency Services An Eligibility Liaison is staffed in the Emergency Services department at times when high volumes are expected, Sunday through Friday, 12 00 pm to 10 30 pm, to assist our uninsured or underinsured patients with possible links to Medi-Cal, the State of California's Medicaid program or referrals to charity assistance - Prior to Elective Service Financial Counselors from our Insurance Verification Department are available meet with patients prior to rendering medical services to discuss possible links to government programs such as Medi-Cal, Healthy Families, Medicare or other financial assistance programs offered by PVHMC Financial Counselors may refer patients to PVHMC's Eligibility Services department for assistance in applying for government programs Financial Counselors also distribute and assist patients in completing the uncompensated care application For those patients who have the ability to pay, financial options are discussed and payment arrangements are established - During a patient's confinement Financial Counselors are also assigned to all uninsured or underinsured patients admitted to PVHMC if financial counseling did not occur in advance of the admission or during the emergency visit The financial counselor provides the same level of service to these patients as described above under "Prior to Elective Service " Eligibility Services Patients may be referred to our Eligibility Services team who assist our patients with links to Medi-Cal and the Health Families programs The Eligibility Services representatives assist the patient in completing the program application(s) and submit the completed application to the applicable program on behalf of the patient If the patient does not qualify for Medi-Cal or the Healthy Families program, the patient is provided information regarding the following assistance programs - Access for Infants & Mothers (AIM) covers Obstetric patients who are at higher income levels and are not eligible for Medi-Cal - Outpatient Reduced-Cost Simplified Application (ORSA) Los Angeles County Program for Adults who do not qualify for Medi-Cal and reside within Los Angeles County - Public Private Partnership Program (PPP also known as the PCC Program) Los Angeles County Program for Adults who do not qualify for Medi-Cal and reside within Los Angeles County in Pomona and surrounding communities - Medically Indigent Adult program (MIA) for adults who do not qualify for Medi-Cal and reside within San Bernardino County Billing First party letters are generated from the Patient Accounting Financial system and mailed to each patient/guarantor in an effort to collect monies owed The letters provide the phone number and business hours of the Hospital's Business Office The customer service representatives in the business office are available to discuss the Hospital's financial assistance programs and make payment arrangements A charity liaison is also available to assist patients in completing the financial assistance application English as a second language All financial assistance forms are available in Spanish in addition to the availability of bilingual staff in all admitting and registration areas, eligibility services and the business office The staff in all patient access and billing areas has been trained on accessing external interpretative services when patients speak a language other than English and Spanish Training In December 2007, all patient access and billing office staff were trained on the requirements of AB774 and the Hospital's financial assistance policy The staff is updated on the Hospital's policy on an as needed basis Beginning in 2010, key patient access staff and patient collection staff will be updated on both the Financial Assistance and Credit and Collection policies at least annually Annual Review of Financial Assistance Program The Patient Financial Assistance Program Policy is reviewed annually for any significant changes to the discount payment, charity, eligibility procedures and review process The Business Office is responsible for the electronic submission of the approved policy and any applicable changes to OSHPD in accordance to Title 22, Sections 96040-96050

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

Pomona Valley Hospital Medical Center is dedicated to meeting the health care demands of the growing populations of Los Angeles and San Bernardino counties Our Primary Service Area is defined as the cities of Pomona, Claremont, Chino, Chino Hills, La Verne, Montclair, Ontario, Rancho Cucamonga, Alta Loma, Upland and San Dimas and make up a population of 771,236 in 2000 and an estimated population of 844,140 in 2006-2008 as derived from the statistics reported by the U S Census Bureau The Ethnic Diversity Represented by the Demographics of the city of Pomona in 2006-2008 was such that 71 3% is hispanic or latino, 40 8% is white, 7 3% is black/african-American, 6 8% is asian, 0 97% is American indian, 0 1% hawaiian/pacific islander, 40 7% is other, and 3 4% is two or more races, according to the U S Census Bureau The U S Census Bureau Information allows for more than one self-identification

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Pomona Valley Hospital Medical Center works with local area middle and high schools as well as girl scouts and school groups to introduce careers in health care by inviting them to tour our hospital and by visiting them on their campus (Claremont High School Career day) The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 5 & 8 of Part II as Community Support, Leadership development and training for community members and workforce development Pomona Valley Hospital Medical Center participates on the steering committee for the Los Angeles County service planning area (SPA 3's) health planning group and Specialty Care Coalition We participate to look at access to care, promotion of health and access and availability of specialty care Pomona Valley Hospital Medical Center is committed to providing access to care for our community through our Physician Assistance Program This program provides loans to new physicians in specialties identified as a need, to help them with starting their practices in our community These physicians provide needed medical care to many of our MediCal and indigent patients as a condition of participation in the assistance program The costs and persons served associated with conducting our needs assessment are reflected on Line 3 of Part II as Community Support Pomona Valley Hospital Medical Center's Family Medicine Residency Program is committed to creating a healthy community in the Pomona Valley region In realizing this commitment, the residency program trains 18 physicians each year to develop outstanding clinical skills, compassion, and excellent communication and leadership abilities The residency is affiliated with the David Geffen School of Medicine at UCLA The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 5 & 8 of Part II as Community Support, Leadership development and training for community members and workforce development Pomona Valley Hospital Medical Center assists local schools (e g Chaffey College, Western University of Health Sciences, Mount San Antonio College, Citrus College) in meeting requirements for their Nursing programs, our education department serves on the advisory boards to these schools The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 5 & 8 of Part II as Community Support, Leadership development and training for community members and workforce development Pomona Valley Hospital Medical Center supports the economic development of the community by allowing local not-for-profit organization to participate in creating a sponsorship ad for their organization in our hospital's program books for community events The costs and persons served associated with conducting our needs assessment are reflected on Line 3 of Part II as Community Support Pomona Valley Hospital Medical Center is one of 13 designated Disaster Resource Centers (DRC) in Los Angeles County as part of the National BioTerrorism Hospital Preparedness Program As the DRC for the region, Pomona Valley Hospital Medical Center is responsible for 10 "umbrella" facilities in the area and coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 5 & 8 of Part II as Community Support, Leadership development and training for community members and workforce development Pomona Valley Hospital Medical Center's Emergency Department is involved with "Every 15 Minutes" a program that educates high school students of the dangers of drunk driving that also involves the local fire and police departments, and ambulances The costs and persons served associated with conducting our needs assessment are reflected on Line 2 & 8 of Part II as Economic development and workforce development

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

Pomona Valley Hospital Medical Center is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership Consistent with the IRS "community benefit standard" a majority of the Board of Directors are neither employees, contractors or family members of the organization Pomona Valley Hospital Medical Center is a community based, disproportionate share hospital In addition, we participate in Medicare, MediCal, CHAMPUS, Tricare Pomona Valley Hospital Medical Center is an open medical staff, extending staff privileges to all qualified physicians for all areas and departments of our facility The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 7 & 8 of Part II as Community Support, Community health improvement advocacy and workforce development Pomona Valley Hospital Medical Center is home to the only 24-hours-a-day, full service Emergency Department (ED) in Pomona Our ED treats all patients regardless of their ability to pay, Pomona Valley Hospital Medical Center provides Emergency Services to all patients with our without insurance The Emergency Department's dedicated staff is experienced in providing prompt, accurate diagnosis and skillful medical treatment This expert team includes board-certified emergency physicians, physician assistants, board certified nurses, emergency medical technicians, respiratory therapists and other highly trained emergency care professionals All are dedicated to providing technologically advanced, lifesaving medical services with compassionate, culturally appropriate care The costs and persons served associated with conducting our needs assessment are reflected on Line 3, 7 & 8 of Part II as Community Support, Community health improvement advocacy and workforce development

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Pomona Valley Hospital Medical Center is a stand alone hospital, not part of a health care system

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD YOCHUM	(i)	514,538	125,000	2,356,897	180,081	19,205	3,195,721	2,353,333
	(ii)	0	0	0	0	0	0	0
MICHAEL NELSON	(i)	373,430	73,500	6,096	237,041	23,481	713,548	0
	(ii)	0	0	0	0	0	0	0
KURT WEINMEISTER	(i)	325,908	62,000	2,064	12,250	15,150	417,372	0
	(ii)	0	0	0	0	0	0	0
CHRIS ALDWORTH	(i)	182,077	27,000	1,424	11,879	27,040	249,420	0
	(ii)	0	0	0	0	0	0	0
JULI HESTER	(i)	191,743	34,400	353	10,314	14,829	251,639	0
	(ii)	0	0	0	0	0	0	0
DARLENE SCAFFIDDI	(i)	232,354	31,500	858	16,737	27,147	308,596	0
	(ii)	0	0	0	0	0	0	0
KENNETH K NAKAMOTA	(i)	266,399	37,000	2,064	12,250	27,031	344,744	0
	(ii)	0	0	0	0	0	0	0
JOSEPH P BAUMGAERTNER	(i)	208,657	42,860	1,811	16,018	27,183	296,529	0
	(ii)	0	0	0	0	0	0	0
KENT G HOYOS	(i)	233,902	33,000	702	10,652	27,021	305,277	0
	(ii)	0	0	0	0	0	0	0
RICHARD ROSSMAN	(i)	197,802	38,705	861	14,465	27,148	278,981	0
	(ii)	0	0	0	0	0	0	0
RAY A INGE	(i)	206,360	28,950	1,641	9,650	27,154	273,755	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
DEFERRED COMPENSATION	SCHEDULE J, PART I, LINE 4B	Mr Yochum's compensation includes a payment of $2,353,333 made according to the provisions of the employment contract described below The amount represents deferred compensation set aside for 31 years of employment and required under IRS guidelines to be paid in 2009 under the employment agreement The hospital has employment contracts with Mr Yochum and Mr Nelson The contracts provide for the payment of four times annual cash compensation if the executive remains employed until the end of the term of the contract Employment requirements are 36 years for Mr Yochum and 34 years for Mr Nelson In the event of voluntary termination or termination for cause, all benefits under the contract are forfeited In the event of early termination because of death or disability, a prorated benefit would be paid The contract affirms the Board of Directors has the the right to terminate the contract, with or without cause, at its discretion, and provides a formula for calculating the severance payment in the event of involuntary termination Once the employee has met all vesting requirements and the amount is not subject to substantial risk of forfeiture, the amount is included in other reportable compensation (Schedule J, Part II, B(iii)) Schedule J, Part II, C includes deferred compensation of $160,481 for Mr Yochum and $217,441 for Mr Nelson
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	CERTAIN MEMBERS OF MANAGEMENT ARE AWARDED INCENTIVE COMPENSATION IN RECOGNITION OF SIGNIFICANT CONTRIBUTIONS TO ACHIEVING CORPORATE GOALS THESE AMOUNTS ARE LISTED IN SCHEDULE J, PART II, COLUMN B(II)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
San Gabriel Valley Perinatal	see schedule o	239,219	COMPENSATION FOR SERVICES		No
Tamera Freehling	see schedule o	83,909	COMPENSATION FOR SERVICES		No
Gregory Daly	See Schedule O	121,847	COMPENSATION FOR SERVICES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
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				
25	Other ▶ (MEDICAL EQUIPMENT)	X	1	0	NONE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

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

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	Return Reference	Explanation
NON-CASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 25	MEDICAL EQUIPMENT WAS DONATED TO THE HOSPITAL BY THE POMONA VALLEY HOSPITAL MEDICAL CENTER FOUNDATION, A RELATED ORGANIZATION THE DONATION WAS NOT RECORDED ON THE HOSPITAL'S BOOKS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1	Pomona Valley Hospital Medical Center is a not for profit, regional medical center dedicated to providing high quality, cost effective health care services to residents of the Greater Pomona Valley The Medical Center offers a full range of services from local primary acute care to highly specialized regional services Selection of all services is based upon community need, availability of financing, and the organization's technical ability to provide high quality results Basic to our mission is our commitment to strive continuously to improve the status of health by reaching out and serving the needs of our diverse community

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	POMONA VALLEY HOSPITAL MEDICAL CENTER (PVHMC) IS A 453-BED ACUTE CARE COMMUNITY HOSPITAL WE SERVE A CULTURALLY DIVERSE POPULATION AND ARE A MAJOR PROVIDER IN OUR REGION, PARTICULARLY FOR MEDICAL AND INDIGENT PATIENTS IN BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES OUR COMMUNITY IS IMPORTANT TO US, AND IT IS REPRESENTED IN ALL OF THE WORK WE DO IN 2009, A COMMUNITY NEEDS ASSESSMENT WAS COMPLETED BY RESEARCHERS FROM A LOCAL UNIVERSITY OUR METHODOLOGY INCLUDED COLLECTING PRIMARY DATA FROM A RANDOM SAMPLE OF RESIDENTS LIVING IN THE HOSPITAL'S PRIMARY SERVICE AREA THROUGH TELEPHONE SURVEYS GIVEN IN BOTH ENGLISH AND SPANISH INFORMATION GATHERED FROM THE NEEDS ASSESSMENT INCLUDED DEMOGRAPHIC PROFILE AND SELF-REPORTED HEALTH EVALUATION, HEALTH INSURANCE COVERAGE, BARRIERS TO RECEIVING NEEDED HEALTH SERVICES, UTILIZATION OF HEALTH CARE SERVICES FOR ROUTINE PRIMARY/PREVENTATIVE CARE, UTILIZATION OF URGENT CARE SERVICES, NEED FOR SPECIALTY HEALTH CARE, AND EXPERIENCE WITH PVHMC (INCLUDING VISITS TO THE EMERGENCY DEPARTMENT, OR ED) PVHMC'S ED IS A VITAL COMPONENT OF THE WELL-BEING OF OUR COMMUNITY RESIDENTS WE DELIVER CARE TO ALL PATIENTS IN OUR ED, WITH OR WITHOUT INSURANCE PVHMC HAS LEARNED FROM THIS STUDY THAT THE NECESSITY TO IMPROVE AND BUILD UPON THE EFFICIENCY OF OUR ED IS CRITICAL IN ORDER FOR US TO KEEP UP WITH THE GROWING DEMANDS BEING PLACED UPON OUR SYSTEM EVERYDAY PVHMC CONTINUES TO REACH OUT TO OUR COMMUNITY AND EDUCATE THEM ON A VARIETY OF HEALTH ISSUES, ESPECIALLY THE ESSENTIAL REGIONAL SERVICES WE PROVIDE TO MAINTAIN A HEALTHY COMMUNITY MANY OF THE ACTIVITIES AND PROGRAMS IN OUR COMMUNITY BENEFIT PLAN ADDRESS IDENTIFIED PUBLIC HEALTH NEEDS THE MAJORITY OF OUR SERVICES ARE TIED INTO PROVIDING INFORMATION AND EDUCATION TO THE COMMUNITY REGARDING AVAILABILITY AND ACCESSIBILITY TO HEALTH AND SOCIAL SERVICES BY FOSTERING GREATER COORDINATION AND COLLABORATION AMONG LOCAL SERVICE PROVIDERS, WE ARE ABLE TO CONTINUE TO OFFER COMPREHENSIVE MEDICAL SERVICES AND PROGRAMS TO A LARGE COMMUNITY OUR SERVICES SHOW HOW THE COMMUNITY'S NEEDS DRIVE THE CONCEPTION AND ESTABLISHMENT OF THE SERVICES WE PROVIDE AND CONTRIBUTE TO ITS GROWTH AND IMPROVEMENT EVERY ACTIVITY AND PROGRAM IS BUDGETED TO MANAGE THE USE OF AVAILABLE RESOURCES OUR COMMITMENT TO THESE VITAL SERVICES IS DEMONSTRATED THROUGH THE CONCERTED EFFORTS OF EACH DEPARTMENT TO ENSURE THAT ESSENTIAL SERVICES CONTINUE TO BE PROVIDED TO THE COMMUNITY ABOUT PVHMC - PRESIDENT/CHIEF EXECUTIVE OFFICER, RICHARD E YOCHUM AND CHAIRMAN, BOARD OF DIRECTORS, ROGER GINSBURG OUR ORGANIZATIONAL STRUCTURE - PVHMC IS GOVERNED BY A BOARD OF DIRECTORS WHOSE MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP OUR MISSION - PVHMC IS A NOT-FOR-PROFIT REGIONAL MEDICAL CENTER DEDICATED TO PROVIDING HIGH QUALITY, COST EFFECTIVE HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER POMONA VALLEY THE MEDICAL CENTER OFFERS A FULL RANGE OF SERVICES FROM LOCAL PRIMARY ACUTE CARE TO HIGHLY SPECIALIZED REGIONAL SERVICE SELECTION OF ALL SERVICES IS BASED ON COMMUNITY NEED, AVAILABILITY OF FINANCING AND THE ORGANIZATION'S TECHNICAL ABILITY TO PROVIDE HIGH QUALITY RESULTS BASIC TO OUR MISSION IS OUR COMMITMENT TO STRIVE CONTINUOUSLY TO IMPROVE THE STATUS OF HEALTH BY REACHING OUT AND SERVING THE NEEDS OF OUR DIVERSE ETHNIC, RELIGIOUS AND CULTURAL COMMUNITY OUR COMMUNITY - PVHMC IS DEDICATED TO MEETING THE HEALTH CARE DEMANDS OF THE GROWING POPULATIONS OF LOS ANGELES AND SAN BERNARDINO COUNTIES OUR PRIMARY SERVICE AREA IS DEFINED AS THE CITIES OF POMONA, CLAREMONT, CHINO, CHINO HILLS, LA VERNE, MONTCLAIR, ONTARIO, RANCHO CUCAMONGA, ALTA LOMA, UPLAND AND SAN DIMAS AND MAKE UP A POPULATION OF 771,236 IN 2000 AND AN ESTIMATED POPULATION OF 844,140 IN 2006-2008 AS DERIVED FROM THE STATISTICS REPORTED BY THE U S CENSUS BUREAU THE ETHNIC DIVERSITY REPRESENTED BY THE DEMOGRAPHICS OF THE CITY OF POMONA IN 2006-2008 WAS SUCH THAT 71 3% IS HISPANIC OR LATINO, 40 8% IS WHITE, 7 3% IS BLACK/AFRICAN-AMERICAN, 6 8% IS ASIAN, 0 97% IS AMERICAN INDIAN, 0 1% HAWAIIAN/PACIFIC ISLANDER, 40 7% IS OTHER, AND 3 4% IS TWO OR MORE RACES, ACCORDING TO THE U S CENSUS BUREAU COMMUNITY BENEFIT PLAN FOCUS STUDY - 2009 UPDATE MEETING THE NEEDS OF OUR GROWING COMMUNITY THROUGH THE EMERGENCY DEPARTMENT (ED) HAS BEEN ONE OF THE TOP PRIORITIES OF OUR ORGANIZATION PVHMC IS HOME TO THE ONLY 24-HOURS-A-DAY, FULL SERVICE ED IN POMONA WITH OVER 78,000 PATIENT VISITS LAST YEAR OUR ED TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY SOME OF THE IMPROVEMENTS WE HAVE MADE IN THE ED IN 2009 INCLUDE THE RE-DESIGN OF THE RAPID MEDICAL EVALUATION (RME) PROGRAM THE CALIFORNIA EMERGENCY PHYSICIAN (CEP) GROUP AT PVHMC HAS DEVELOPED AND PIONEERED A NUMBER OF PROVEN BEST PRACTICES REFERRED TO COLLECTIVELY AS THE RME METHODOLOGY TO EXPEDITE ED CARE AND THROUGHPUT THIS ALLOWS THE PROVIDER TO EVALUATE THE PATIENT AND BEGIN TREATMENT AS QUICKLY AS POSSIBLE IT ALLOWS FOR PARALLEL PROCESSING OF ED PATIENT THUS IMPROVING OPERATIONAL EFFICIENCY, PATIENT FLOW, AND PATIENT SATISFACTION, WHILE DECREASING DIVERSION TIME AND ED OVERCROWDING GOALS OF THE RME PROGRAM INCLUDE INITIAL PHYSICIAN EVALUATION IMMEDIATELY UPON A PATIENT'S ARRIVAL, ORDERS WILL BE INITIATED IMMEDIATELY, AND BED AVAILABILITY WILL NOT DELAY A PATIENT FROM SEEING A PROVIDER IMMEDIATELY AS ED VOLUME CONTINUED TO INCREASE, THE ED ADDED ADDITIONAL NURSING STAFF (A TOTAL OF 21 LICENSED AS COMPARED TO 19 IN 2008) AS WELL AS ADDITIONAL PROVIDER (PHYSICIAN/PHYSICIAN ASSISTANT) COVERAGE TO HAVE A PROVIDER IN TRIAGE DURING THE TIMES OF HEAVIEST PATIENT VOLUMES WE HAVE DECREASED OUR AVERAGE "DOOR-TO-PROVIDER TIME" IN 2009 TO 43-MINUTES AND SURPASSED OUR GOAL OF 45-MINUTES (CEP GROUP) OUR GOAL FOR 2010 IS 40 MINUTES THE ADDITION OF BIOSITE CARDIAC/SHORTNESS OF BREATH LABORATORY POINT-OF-CARE TESTING IN THE ED ALLOWS FOR A FASTER, RELIABLE BEDSIDE LAB TEST FOR ANY PATIENTS PRESENTING WITH CHEST PAIN AND SHORTNESS OF BREATH USING BIOSITE REDUCES THE TIME TO RECEIVE RESULTS FROM 1-1 5 HOURS TO 15 MINUTES AND REDUCES A PATIENT'S OVERALL TURN-AROUND TIME BY AS MUCH AS AN HOUR IN 2009, WE IMPLEMENTED AN ED SURGE CAPACITY PLAN CALLED "CAPACITY ALERT" THAT ESTABLISHES A HOSPITAL-WIDE APPROACH TO MAXIMIZE CAPABILITIES AND HOSPITAL INTEGRATION IN RESPONSE TO PATIENT INFLUX OF THE ED THIS ALERT WAS DEMONSTRATED TO BE EFFECTIVE DURING THE H1N1 PANDEMIC DURING MAY AND OCTOBER 2009 WHEN THE ED HAD TO ABSORB ADDITIONAL PATIENT VOLUME THE ED SEES MANY TRAUMA PATIENTS AND ALTHOUGH WE ARE NOT A DESIGNATED TRAUMA CENTER WE OFFERED OUR EMERGENCY NURSES A NATIONAL COURSE, TRAUMA NURSING CORE COURSE WHICH IS A "NATIONAL CERTIFICATE" TO EDUCATE OUR NURSES IN THE CARE OF TRAUMA PATIENTS IN 2009, THE ED PASSED THE EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) SURVEY AND WAS RECERTIFIED AS AN EDAP FOR LOS ANGELES COUNTY THE EDAP RATING RECOGNIZES THAT PVHMC PROVIDES SPECIALIZED EMERGENCY CARE THAT CAN GREATLY IMPROVE OUTCOMES FOR YOUNG PATIENTS OUR PEDIATRIC TRANSPORT UNIT STANDS READY 24-HOURS-A-DAY TO TRANSPORT CRITICALLY ILL OR INJURED CHILDREN TO PVHMC FOR CARE IN OUR ED

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990, PART III, LINE 4A	WE OPERATE ONE OF THE 20 REMAINING PARAMEDIC BASE STATIONS IN LOS ANGELES COUNTY SINCE JULY 1979 AND WE WERE RECERTIFIED IN 2009 THE BASE STATION IS MANNED BY SPECIALLY TRAINED NURSES, MOBILE INTENSIVE CARE NURSES, CERTIFIED BY LOS ANGELES COUNTY THIS VITAL COMPONENT OF PATIENT CARE PROVIDES EMERGENCY CARE GIVERS IN THE FIELD WITH A DIRECT LINK TO THE ED, ALLOWING DIRECT CONTACT WITH THE MOBILE INTENSIVE CARE NURSE, AND IF NECESSARY THE ED PHYSICIAN THE ED STAFF IS BETTER PREPARED FOR THE IMMINENT ARRIVAL OF A CRITICALLY ILL OR INJURED PATIENT, RECOGNIZING POTENTIAL PROBLEMS EARLY OR REDIRECTING THE PARAMEDICS IF NECESSARY TO ANOTHER MORE APPROPRIATE FACILITY SUCH AS A TRAUMA CENTER OR OTHER SPECIALTY CENTER WE HAVE INITIATED IN 2009 A GOLD ALERT, EARLY GOAL DIRECTED THERAPY AS EVIDENCED BY BEST PRACTICE FOR SEPTIC PATIENTS SEVERE SEPSIS IS THE LEADING CAUSE OF DEATH IN NON-CORONARY INTENSIVE CARE UNIT (ICU) PATIENTS IT AFFECTS 10% OF ALL ICU PATIENTS SINCE THE IMPLEMENTATION OF OUR SEPSIS PROGRAM IN 2009, WE HAVE MADE SIGNIFICANT STRIDES INCLUDING LOWER LENGTH OF STAY AND IMPROVED OUTCOMES INTENSE EDUCATION ON EARLY GOAL DIRECTED THERAPY AND SEPSIS PROTOCOL IMPLEMENTATION TOOK PLACE WITH THE SUPPORT OF OUR CRITICAL CARE DIRECTOR, CRITICAL CARE NURSE PRACTITIONER, AND CLINICAL NURSE SPECIALIST IN THE ED OUR SEPSIS TASK FORCE WHICH CONSISTS OF NURSING STAFF FROM BOTH THE ICU AND THE ED WAS INVOLVED IN THE DEVELOPMENT OF THE SEPSIS PROTOCOL ORDER SETS, CHECKLIST AND REMINDERS TO INCREASE UTILIZATION OF THE SEPSIS PROTOCOL THE TASK FORCE ALSO PERFORMS CHART AUDITS, INITIATES THE SEPSIS PROTOCOL, ANALYZES DATA, REPORTS DEFICIENCIES AND IDENTIFIES AREAS FOR IMPROVEMENT, AND DEVELOPS STRATEGIES TO IMPROVE THE CARE OF SEPSIS PATIENTS THE ICU HAS ALSO COLLABORATED WITH THE ED TO FACILITATE TIMELY TRANSFER OF SEPTIC PATIENTS FROM THE ED TO THE ICU BUILDING A BRIDGE BETWEEN THE ED AND ICU STAFF THROUGH THE NURSING LEADERSHIP TEAM CONTRIBUTES TO THE SUCCESS OF OUR SEPSIS PROGRAM PVHMC IS A DESIGNATED STEMI RECEIVING CENTER (SRC) IN BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES AN ACUTE HEART ATTACK CAUSED BY BLOOD CLOTS IS CALLED AN ST-ELEVATED MYOCARDIAL INFARCTION, OR STEMI WITHOUT RAPID ANGIOPLASTY, HEART MUSCLE IS PERMANENTLY DAMAGED IN ORDER TO QUALIFY FOR THIS DESIGNATION, HOSPITALS ARE REQUIRED TO PROVIDE ANGIOPLASTY TREATMENT IN LESS THAN 90 MINUTES FOR FOURTH QUARTER 2009, THE AVERAGE WAS 57 MINUTES FOR DOOR-TO-BALLOON TIME IN CONJUNCTION WITH THE STEAD HEART AND VASCULAR CENTER, IN 2010 WE IMPLEMENTED STROKE ALERT AS IS SIMILAR TO THE PROCESSES FOR A STEMI, THE STROKE ALERT PROTOCOL HAS BEEN ESTABLISHED TO PROPERLY RECOGNIZE, DIAGNOSE AND FAST TRACK POSSIBLE STROKE/TRANSIENT ISCHEMIC ATTACK (TIA) VICTIMS TO THE CORRECT TREATMENT PLAN ALONG WITH THE PROGRESS WE HAVE MADE TO IMPROVE EMERGENCY CARE SERVICES, IN RECOGNIZING THAT THE ED IS STILL A SOURCE OF PRIMARY HEALTH CARE FOR THE COMMUNITY, WE HAVE INCREASED ACCESS TO PRIMARY HEALTH CARE SERVICES OUTSIDE OF THE HOSPITAL'S ED WE HAVE OPENED TWO PRIMARY CARE OFFICES IN OUR COMMUNITY (CHINO HILLS) WITH 15 URGENT CARE AND PRIMARY CARE EXAM ROOMS AND ANOTHER WITH NINE URGENT CARE ROOMS AND ANOTHER NINE PRIMARY CARE ROOMS IN MARCH 2009, WE MADE AVAILABLE THE POMONA VALLEY HEALTH CENTER AT CLAREMONT BASED UPON OUR COMMUNITY'S INCREASED NEED FOR PRIMARY CARE AND URGENT CARE SERVICES THE CLINICS ARE STAFFED BY PHYSICIANS OF OUR HOSPITAL'S FAMILY MEDICINE RESIDENCY PROGRAM (FMRP) WHO HAVE REMAINED IN THE COMMUNITY AFTER GRADUATING FROM TRAINING THE GROWTH OF SERVICES SUCH AS OUR ED AND OUR LOCAL CLINICS HAVE BEEN HIGHLY ENCOURAGED BY THE COMMUNITY'S INPUT, THE STRONG TEAM OF PHYSICIANS AND STAFF WHO ARE ABLE AND WILLING TO WORK TOWARDS FULFILLING THE COMMUNITY RESIDENTS' HEALTH CARE NEEDS, AND THE HOSPITAL'S CONTINUOUS EFFORT TO SUPPORT QUALITY SERVICES THAT ARE NECESSARY TO FUNCTION AS A PREMIER HOSPITAL IN OUR REGION IT IS VERY LIKELY THAT THESE CRITICAL NEEDS WOULD OTHERWISE NOT BE MET OR AVAILABLE TO THE COMMUNITY WITHOUT THE FULL SUPPORT OF THE HOSPITAL AND OUR STATISTICS CLEARLY SUPPORT THE DEMAND OVERALL, OUR COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS SEEK TO CONNECT RESIDENTS/PATIENTS WITH MUCH NEEDED HEALTH CARE SERVICES COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS - THE EXAMPLES PRESENTED IN THIS REPORT ARE INSIGHTS INTO A COMMUNITY ACTIVELY INVOLVED IN IMPROVING THE HEALTH STATUS OF RESIDENTS LIVING IN THE POMONA VALLEY COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS - PVHMC SERVES AS THE LEAD AGENCY FOR THE POMONA CLINIC COALITION (PCC), ASSUMING RESPONSIBILITY FOR LOS ANGELES COUNTY'S POMONA HEALTH CENTER AND FORMING A PUBLIC-PRIVATE PARTNERSHIP THE PCC OFFERS PRIMARY HEALTH CARE SERVICES AT NO COST TO PATIENTS IN ADDITION, OUTREACH SERVICES ARE GIVEN TO THE HOMELESS AT SHELTER SITES PVHMC PROVIDES STAFF, SUPPLIES, AND ANCILLARY OUTPATIENT DIAGNOSTIC SERVICES (X-RAYS AND LABS) THE PORTABLE WELLNESS CLINIC IS A PARTNERSHIP BETWEEN COMPASSION NET, PVHMC'S FAMILY MEDICINE RESIDENCY PROGRAM (FMRP) AND FAMILY HEALTH CENTER (FHC) TO INCREASE ACCESSIBILITY TO PRIMARY HEALTH CARE SERVICES AT A LOW COST PVHMC PROVIDES THE MEDICAL PERSONNEL, MOSTLY DOCTORS FROM THE FMRP COMPASSION NET PROVIDES THE VEHICLE AND COORDINATES THE OUTREACH EFFORT THE MOBILE UNIT TRANSPORTS EQUIPMENT AND SUPPLIES TO THREE POMONA LOCATIONS BIMONTHLY THE NEWBORN ABANDONMENT PREVENTION LAW ALLOWS A PARENT OF A NEWBORN LESS THAN 72 HOURS OF AGE TO RELINQUISH THEIR BABY ANONYMOUSLY TO AN EMPLOYEE AT ANY HOSPITAL ED WITHIN THE STATE OF CALIFORNIA PVHMC CREATED A PRIVATE AREA OUTSIDE OF THE ED FOR THIS PURPOSE, THE SAFE SURRENDER PROGRAM TO DATE, THREE NEWBORNS HAVE BEEN SURRENDERED, WHOSE LIVES WERE SAVED THE PROGRAM HAS BEEN SHARED WITH LOCAL SCHOOLS AND COMMUNITY PROGRAMS, HOWEVER, THE NEED TO INCREASE AWARENESS IS CRUCIAL TO THE ONGOING SUCCESS OF THE PROGRAM MANY DEPARTMENTS IN THE HOSPITAL OFFER CLASSES TO THE COMMUNITY AND SUPPORT GROUPS WITH TRAINED PROFESSIONALS IN WOMEN'S AND CHILDREN'S SERVICES, MANY OF THE CLASSES ("CHILDBIRTH PREPARATION", "YOUR CESAREAN", "BIG BROTHER/BIG SISTER") OFFERED AT THE HOSPITAL ARE NOT AVAILABLE AT NEIGHBORING HOSPITALS PVHMC OFFERS FREE SUPPORT GROUPS ("BOOTCAMP FOR DADS", "MOMMY N ME") A HEALTH NEWSLETTER "REGARDING WOMEN" IS DISTRIBUTED QUARTERLY TO RESIDENTS IN THE COMMUNITY AT THE ROBERT AND BEVERLY LEWIS FAMILY CANCER CARE CENTER (CCC), THERE ARE PATIENT WORKSHOPS ("LAUGHTER YOGA"), AND SUPPORT GROUPS ("LOOK GOOD, FEEL BETTER", "LIVING IN THE HERE & NOW") WE ALSO HAVE A SPECIAL "KIDZ GROUP" FOR AGES 7 THROUGH 17 WHO HAVE A PARENT OR LOVED ONE WITH CANCER TO PROVIDE UNDERSTANDING AND COPING SKILLS THE STEAD HEART AND VASCULAR CENTER (SHVC) OFFERS HEART FAILURE EDUCATION AND AWARENESS TO RECOGNIZE RISK FACTORS, SIGNS AND SYMPTOMS THERE IS ALSO A HEART FAILURE PROGRAM THAT HELPS PATIENTS IN MAINTAINING THEIR DISEASE AND PROVIDES SUPPORT LEADING TO DECREASED SUBSEQUENT HOSPITALIZATIONS THE STEAD HEART FOR WOMEN PROGRAM PROVIDES EDUCATION, SUPPORT AND RESOURCES SPECIFICALLY ON HEART DISEASE AND STROKE PREVENTION WE RECOGNIZE THE IMPORTANCE OF PREVENTIVE HEALTH AND WE PARTICIPATE AND ORGANIZE COMMUNITY HEALTH FAIRS WITH HEALTH CARE INFORMATION AND HEALTH SCREENINGS THE VOLUNTEER SERVICES DEPARTMENT ORGANIZES MOBILE FLU CLINICS TO OFFER FREE FLU SHOTS TO SENIORS AT LOCAL COMMUNITY SENIOR SETTINGS AND FLU SHOTS IN A DRIVE-THRU SETTING WITH THE HELP OF PVHMC'S NURSES PVHMC WORKS WITH LA COUNTY AND LOCAL NOT-FOR-PROFIT ORGANIZATIONS TO PUT TOGETHER AN ANNUAL KIDS HEALTH FAIR PROVIDING FREE HEALTH SCREENINGS, IMMUNIZATIONS AND MEDICAL INFORMATION FOR UNINSURED AND UNDER-INSURED CHILDREN AGES TWO MONTHS TO 18 YEARS THE CCC OFFERS EARLY DETECTION (SKIN SCREENINGS) AND PREVENTION THE RESPIRATORY SERVICES DEPARTMENT CONDUCTS PULMONARY SCREENINGS AT COMMUNITY HEALTH FAIRS THE EPIDEMIOLOGY AND INFECTION CONTROL DEPARTMENT EDUCATES THE COMMUNITY ON INFECTION CONTROL AWARENESS, HAND HYGIENE AND DEMONSTRATION, AND HOME CLEANLINESS THEY ALSO OFFER EDUCATION TO THE COMMUNITY REGARDING FLU SEASON AND COUGH ETIQUETTE

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990, PART III, LINE 4A	THE SLEEP CENTER PROVIDES AWAKE MEETINGS TO EDUCATE THE COMMUNITY ON NEW MASKS AND MACHINES THE RESPIRATORY SERVICES DEPARTMENT OFFERS FREE ASTHMA EDUCATION, AVAILABLE IN SPANISH, AND A SMOKING CESSATION PROGRAM BREATHING BUDDIES IS A SUPPORT GROUP FOR SENIORS WHO HAVE CHRONIC LUNG DISEASE BY PROVIDING THE LATEST HEALTH INFORMATION, REVIEWING THEIR MEDICATIONS, AND PROVIDING INSTRUCTION (E G , ON HOW TO TRAVEL WITH OXYGEN) THE FOOD AND NUTRITION SERVICES DEPARTMENT OFFERS POR LA VIDA NUTRITION CLASSES FOR SPANISH SPEAKING COMMUNITY MEMBERS TO LEARN ABOUT HEALTHY EATING HEALTH PROFESSIONS EDUCATION - OUR HOSPITAL PROVIDES MANY TRAINING OPPORTUNITIES THROUGH THE VARIOUS DEPARTMENTS THAT WORK WITH THE LOCAL COLLEGES AND HEALTH PROFESSIONAL PROGRAMS PVHMC IS A CLINICAL SITE FOR NURSING STUDENTS IN PROGRAMS AT THE LOCAL COMMUNITY COLLEGES AND UNIVERSITIES THE PARISH NURSE PROGRAM THROUGH THE SHVC EDUCATES AND TRAINS BOTH CLINICAL AND NON-CLINICAL SUPPORT STAFF PVHMC'S FMRP TRAINS NURSE PRACTITIONER AND MEDICAL STUDENTS AT THE FHC FNS PROVIDES OPPORTUNITES FOR DIETETIC STUDENTS TO DO THEIR INTERNSHIP ROTATIONS AT PVHMC WHERE THEY LEARN ABOUT FOOD PRODUCTION AND MANAGEMENT THE HOSPITAL IS ALSO A TRAINING LOCATION FOR PHLEBOTOMY, PHYSICIAN BILLING, RESPIRATORY AND SURGICAL TECH STUDENTS IN RADIOLOGY, OUR HOSPITAL IS A TRAINING SITE FOR RADIOLOGIC TECHNOLOGY, ULTRASOUND AND NUCLEAR MEDICINE STUDENTS WE ALSO WELCOME CHAPLAINS IN THE COMMUNITY TO RECEIVE CLINICAL CHAPLAIN TRAINING AT PVHMC FOR THE MEDICAL COMMUNITY, THE HOSPITAL ORGANIZES WEEKLY CONTINUING MEDICAL EDUCATION AT NO COST TO PHYSICIANS WE OFFER A PERINATAL SYMPOSIUM WHICH IS LABOR AND DELIVERY AND NEONATAL EDUCATION THE CCC OFFERS SEMINARS ON LUNG AND GASTROINTESTINAL CANCERS SUBSIDIZED HEALTH SERVICES - PVHMC IS A MAJOR PROVIDER IN OUR REGION, PARTICULARLY FOR MEDI-CAL AND INDIGENT PATIENTS IN BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES IT IS ESSENTIAL FOR OUR HOSPITAL'S ED TO HAVE ADEQUATE COVERAGE OF SPECIALISTS TO PROVIDE NEEDED SPECIALTY MEDICINE TO PATIENTS IN ADDITION, WE HAVE ROUND THE CLOCK PHYSICIAN COVERAGE OF FULL-TIME LABORISTS (HOSPITAL-BASED OB/GYN PHYSICIANS WHO DO DELIVERIES), A HOSPITALIST TEAM, AND A DEDICATED INTENSIVIST PROGRAM IN THE INTENSIVE CARE UNIT RESEARCH - THE ROBERT AND BEVERLY LEWIS FAMILY CANCER CARE CENTER OF PVHMC PARTICIPATES IN CLINICAL RESEARCH STUDIES IN BREAST CANCER, GASTROINTESTINAL CANCERS, HEAD & NECK CANCERS, LUNG CANCER, PROSTATE CANCER, AND SYMPTOM MANAGEMENT CASH AND IN-KIND CONTRIBUTIONS - OUR HOSPITAL PROVIDES SUPPORT TO VARIOUS LOCAL COMMUNITY SERVICE ORGANIZATIONS INCLUDING THE HOUSE OF RUTH (SERVICES AND ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE), PROJECT SISTER (SEXUAL ASSAULT CRISIS AND PREVENTION SERVICES), AND YMCA IN-KIND CONTRIBUTIONS TO OUR PATIENTS AND TO THE COMMUNITY INCLUDE TOYS GIVEN TO PEDIATRIC SURGERY PATIENTS THE FACILITIES DEPARTMENT PARTICIPATES IN THE CITY-WIDE CLEAN BY DONATING STAFF AND SUPPLIES FOOD AND NUTRITION SERVICES "MEALS ON WHEELS" PROGRAM PROVIDES FOOD TO HOMEBOUND MEMBERS OF OUR COMMUNITY AND DONATES CANNED FOODS TO THE SALVATION ARMY "PROJECT SHIELD & SHELTER" OUR VOLUNTEER SERVICES DEPARTMENT GIVES INFANT LAYETTES AND CAR SEATS TO NEEDY FAMILIES THE CANCER CARE CENTER GIVES WIGS TO PATIENTS AT NO COST COMMUNITY BUILDING ACTIVITIES - PVHMC WORKS WITH LOCAL AREA MIDDLE AND HIGH SCHOOLS AS WELL AS GIRL SCOUTS AND SCHOOL GROUPS TO INTRODUCE CAREERS IN HEALTH CARE BY INVITING THEM TO TOUR OUR HOSPITAL AND BY VISITING THEM ON THEIR CAMPUS (CLAREMONT HIGH SCHOOL CAREER DAY) PVHMC PARTICIPATES IN LA COUNTY SERVICE PLANNING AREA 3'S HEALTH PLANNING GROUP ON THE STEERING COMMITTEE AND THE SPECIALTY CARE COALITION PVHMC IS A ONE OF 13 DESIGNATED DISASTER RESOURCE CENTERS (DRC) IN LOS ANGELES COUNTY AS PART OF THE NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM AS THE DRC FOR THE REGION, PVHMC IS RESPONSIBLE FOR 10 "UMBRELLA" FACILITIES IN THE AREA AND COORDINATES DRILLS, TRAINING, AND SHARING OF PLANS TO BRING TOGETHER THE COMMUNITY AND OUR RESOURCES FOR DISASTER PREPAREDNESS PVHMC'S ED IS INVOLVED WITH "EVERY 15 MINUTES", A PROGRAM THAT EDUCATES HIGH SCHOOL STUDENTS OF THE DANGERS OF DRUNK DRIVING THAT ALSO INVOLVES THE LOCAL FIRE AND POLICE DEPARTMENTS, AND AMBULANCES VALUATION OF COMMUNITY BENEFIT PROGRAMS - FOR 2009, PVHMC'S TOTAL COMMUNITY BENEFITS CAME TO $105,873,232 WHICH CONSISTS OF TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS ($99,691,137) AND TOTAL OTHER BENEFITS ($6,182,095) TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS IS MADE UP OF CHARITY CARE ($41,200,246), MEDI-CAL INPATIENT OR THE NET UNREIMBURSED COST, WHICH IS EQUIVALENT TO UNREIMBURSED COST LESS THE DISPROPORTIONATE SHARE PAYMENT ($33,078,743), MEDI-CAL OUTPATIENT UNREIMBURSED COSTS ($16,152,073), MEDICARE INPATIENT UNREIMBURSED COST ($1,456,634), AND MEDICARE OUTPATIENT UNREIMBURSED COST ($7,803,441) OTHER BENEFITS IS MADE UP OF COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS ($1,382,402), HEALTH PROFESSIONS EDUCATION ($3,769,286), SUBSIDIZED HEALTH SERVICES ($817,469), RESEARCH ($27,070), AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ($185,868) ADDITIONALLY, THE VALUE OF COMMUNITY BUILDING ACTIVITIES IS $362,028 THE ECONOMIC VALUE OF THE DOCUMENTED COMMUNITY BENEFITS WAS DETERMINED AS FOLLOWS UNCOMPENSATED CARE WAS VALUED IN THE SAME MANNER THAT SUCH SERVICES WERE REPORTED IN THE HOSPITAL'S ANNUAL REPORT TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT CHARITY CARE WAS VALUED BY COMPUTING THE DIFFERENCE BETWEEN CHARGES AND ACTUAL REVENUE RECEIVED (INCLUDING CHARITY CARE DONATIONS) OTHER SERVICES WERE VALUED BY ESTIMATING THE COSTS OF PROVIDING THE SERVICES AND SUBTRACTING ANY REVENUES RECEIVED FOR SUCH SERVICES COSTS WERE DETERMINED BY ESTIMATING STAFF AND SUPERVISION HOURS INVOLVED IN PROVIDING THE SERVICES OTHER DIRECT COSTS SUCH AS SUPPLIES AND PURCHASED SERVICES WERE ALSO ESTIMATED ANY OFFSETS (CORPORATE SPONSORSHIP, ATTENDANCE FEES, OR OTHER INCOME CONTRIBUTED OR GENERATED) WERE SUBTRACTED FROM THE COSTS REPORTED PLANS FOR 2010/2011 PUBLIC REVIEW - PVHMC PLANS TO CONTINUE SUPPORTING ITS VARIED COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS CURRENTLY IN PLACE THE COMMUNICATION OF OUR COMMUNITY BENEFIT IS A COMBINATION OF PRESENTATIONS GIVEN TO VARIOUS ORGANIZATIONS INCLUDING THE CITY GOVERNMENT, AND DISTRIBUTION OF COPIES OF THE REPORT TO ALL INTERESTED MEMBERS (COMMUNITY COLLABORATORS, LIBRARIES, COMMUNITY CENTERS, AND BUSINESSES) WITHIN OUR COMMUNITY UPON THEIR REQUEST PVHMC'S CHARITY CARE POLICY - PVHMC POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM SUCH NOTICES ARE POSTED IN HIGH VOLUME INPATIENT, AND OUTPATIENT SERVICE AREAS OF THE HOSPITAL, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, INPATIENT ADMISSION AND OUTPATIENT REGISTRATION AREAS OR OTHER COMMON PATIENT WAITING AREAS OF THE HOSPITAL NOTICES ARE POSTED AT ANY LOCATION WHERE A PATIENT MAY PAY THEIR BILL NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT MAY OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR SUCH ASSISTANCE THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA A COPY OF THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE TO THE PUBLIC ON A REASONABLE BASIS ORGANIZATION'S GOVERNING BODY PROCEDURES FOR FORM 990 REVIEW PART VI, SECTION B, LINE 11 A copy of the tax return is distributed and discussed with the Board of Directors prior to filing in November 2010 A representative from the organization's external accounting firm, Ernst & Young, reviews the return with the directors and answers any questions they may have The internal process includes preparation of the financial data by hospital personnel, surveys of directors, officers and key employees regarding information in response to questions in Part IV, and disclosed in Schedule L The completed 990 is reviewed for overall completeness and accuracy by the CEO and CFO

WRITTEN CONFLICT OF INTEREST POLICY ENFORCEMENT PART VI, SECTION B, LINE 12C EACH YEAR OFFICERS AND DIRECTORS SUBMIT CONFLICT OF INTEREST STATEMENTS PURSUANT TO HOSPITAL POLICY THE STATEMENTS ARE THEN REVIEWED BY THE OFFICERS OF THE BOARD (THE CHAIRMAN AND THE TWO VICE CHAIRMEN) BEFORE PRESENTED TO THE FULL BOARD AT THE ANNUAL ORGANIZATIONAL MEETING OF THE BOARD ANY CONFLICTS OF CONCERN ARE ADDRESSED BY THE OFFICERS AND DISCUSSED BY THE FULL BOARD AT THE ORGANIZATIONAL MEETING THEREAFTER, IT IS THE RESPONSIBILITY OF EACH MEMBER TO RAISE AN ISSUE OF POTENTIAL CONFLICT TO THE BOARD AND/OR ITS OFFICERS FOR DISPOSITION IF A CONFLICT IS DEEMED TO EXIST, THE MEMBER IS EXCUSED FROM THE MEETING AND/OR TOPIC WHERE THE CONFLICT EXISTS DETERMINATION OF COMPENSATION FOR CEO PART VI, SECTION B, LINE 15A The Board of Directors has a compensation committee who annually review and determine the compensation for the CEO Their review determination of the CEO's compensation is based upon independent review of the CEO compensation compared to industry practice In 2009 the compensation committee used Hay Group for this purpose The most current Hay Group review was conducted in April 2009 The compensation review process is documented in the minutes of the compensation committee DETERMINATION OF COMPENSATION FOR OTHER KEY EMPLOYEES PART VI, SECTION B, LINE 15B For other officers and key employees, the same process is used as above, with the exception, that the CEO presents his recommendation for compensation to the compensation committee based upon the report for total compensation comparisons supplied by the Hay Group The most current Hay Group review was presented in January 2009 The positions covered by the process are the COO, CFO, VP Satellites, VP Nursing, VP Medical Staff Affairs, VP Human Resources, Chief Information Officer, Executive Director of Finance, Director of Managed Care, Compliance Officer, Director of Utilization Management PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS AND POLICY PART VI, SECTION C, LINE 18 THE HOSPITAL IS NOT REQUIRED TO MAKE ITS FORM 1023 AVAILABLE AS IT FILED FOR TAX EXEMPT STATUS PRIOR TO JULY 15, 1987 THE HOSPITAL MAKES ITS 990 AND 990T AVAILABLE TO THE PUBLIC UPON REQUEST PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS AND POLICY PART VI, SECTION C, LINE 19 THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST BUSINESS TRANSACTIONS WITH INTERESTED PERSONS SCHEDULE L, PART IV M HELLEN RODRIGUEZ, A DIRECTOR OF THE ORGANIZATION'S BOARD, IS A GREATER THAN 5% OWNER OF SAN GABRIEL VALLEY PERINATAL TAMERA FREEHLING IS THE DAUGHTER-IN-LAW OF FRED FREEHLING, A DIRECTOR OF THE ORGANIZATION'S BOARD GREGORY DALY IS THE BROTHER OF DARLENE SCAFFIDDI, A KEY EMPLOYEE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP	SCHEDULE R, PART III, COLUMN (A)	POMONA VALLEY MEDICAL PLAZA 1798 NORTH GAREY AVENUE POMONA, CA 91767 EIN 95-4175295

TRANSACTIONS WITH RELATED ORGANIZATIONS SCHEDULE R, PART V, LINE 2 AMOUNTS REPORTED ON PART V, LINE 2 WERE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314022040

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Pomona Valley Hospital Medical Center

Employer identification number
95-1115230

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Pomona Valley Hospital Medical Ctr Fdn 1798 North Garey Avenue Pomona, CA 91767 95-3403287	SUPPORT PVHMC	CA	501(C)(3)	11, III-FI	NA
Pomona Valley Hospital Medical Ctr Aux 1798 North Garey Avenue Pomona, CA 91767 95-6053224	Support PVHMC	CA	501(C)(3)	11, I	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Pomona Valley Medical Plaza 1798 NORTH GAREY AVENUE POMONA, CA91767	LEASING	CA	NA	RELATED	-466,412	4,446,662		No	0		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Pomona Valley Health Facilities 1798 North Garey Avenue Pomona, CA91767 95-4104554	R E OPERATION	CA	NA	C CORP	45,545	-37,096	100 000 %
Pomona North Medical Building Inc 1798 North Garey Avenue Pomona, CA91767 95-2629873	R E Rental	CA	NA	S Corp	72,111	647,818	100 000 %

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1115230
Name: Pomona Valley Hospital Medical Center

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	PVHMC Foundation	c	321,164
(2)	PVHMC Foundation	p	561,000
(3)	Pomona North Medical Building Inc	j	165,460
(4)	Pomona North Medical Building Inc	p	68,100
(5)	Pomona Valley Medical Plaza	A-IV	90,321
(6)	Pomona Valley Hospital Medical Ctr Auxiliary		0
(7)	Pomona Valley Health Facilities		0

Additional Data

Software ID:
Software Version:
EIN: 95-1115230
Name: Pomona Valley Hospital Medical Center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD YOCHUM PRESIDENT/CEO	40.0	X		X				2,996,435	0	199,286
STEPHEN MORGAN CHAIRMAN	2.0	X		X				0	0	0
KEVIN MCCARTHY VICE CHAIRMAN	2.0	X		X				0	0	0
JANE GOODFELLOW VICE CHAIRMAN	2.0	X		X				0	0	0
SK REDDY MD DIRECTOR	2.0	X						80,649	0	0
RANDY KARU MD DIRECTOR	2.0	X						49,589	0	0
M HELLEN RODRIGUEZ DIRECTOR	2.0	X						0	0	0
A MOHAN DIRECTOR	2.0	X						0	0	0
RICHARD P CREAN DIRECTOR	2.0	X						0	0	0
ROSANNE BADER DIRECTOR	2.0	X						0	0	0
JOHN MATA DIRECTOR	2.0	X						0	0	0
FRED FREEHLING DIRECTOR	2.0	X						0	0	0
CURTIS W MORRIS DIRECTOR	2.0	X						0	0	0
BERNIE BERNSTEIN DIRECTOR	2.0	X						0	0	0
BILL STEAD DIRECTOR	2.0	X						0	0	0
REGINALD WEBB DIRECTOR	2.0	X						0	0	0
JOHN DOYLE DIRECTOR	2.0	X						0	0	0
ROGER GINSBURG DIRECTOR	2.0	X						0	0	0
BILL MCCOLLUM DIRECTOR	2.0	X						0	0	0
RICHARD FASS DIRECTOR	2.0	X						0	0	0
THOMAS F NUSS DIRECTOR	2.0	X						0	0	0
TONY SPANO DIRECTOR	2.0	X						0	0	0
RONALD T VERA DIRECTOR	2.0	X						0	0	0
MICHAEL NELSON TREASURER/CFO	40.0			X				453,026	0	260,522
KURT WEINMEISTER SECRETARY	40.0			X				389,972	0	27,400

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS ALDWORTH ASST SECRETARY	40.0			X				210,501	0	38,919
JULI HESTER ASST TREASURER	40.0			X				226,496	0	25,143
DARLENE SCAFFIDDI VICE PRESIDENT OF NURSING	40.0				X			264,712	0	43,884
KENNETH K NAKAMOTA VP MED STAFF AFF	40.0					X		305,463	0	39,281
JOSEPH P BAUMGAERTNER DIRECTOR	40.0					X		253,328	0	43,201
KENT G HOYOS CHIEF INFORMATION OFFICER	40.0					X		267,604	0	37,673
RICHARD ROSSMAN ASSOCIATE DIRECTOR	40.0					X		237,368	0	41,613
RAY A INGE VICE PRESIDENT	40.0					X		236,951	0	36,804