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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010										
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.	C Name of organization MISSION HOSPITAL REGIONAL MEDICAL CENTER					D Employer identification number 95-1643360		
			Doing Business As					E Telephone number (949) 364-4299		
			Number and street (or P O box if mail is not delivered to street address) 27700 MEDICAL CENTER ROAD				Room/suite	G Gross receipts \$ 501,902,919		
			City or town, state or country, and ZIP + 4 MISSION VIEJO, CA 92691							
			F Name and address of principal officer PETER BASTONE 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
							H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
							H(c) Group exemption number ▶ 0928			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
J Website: ▶ WWW.MISSION4HEALTH.COM										
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						L Year of formation 1941		M State of legal domicile CA		

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities WE ARE COMMITTED TO EXTENDING THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE 		
	2	Check this box <input checked="" type="checkbox"/> 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 2,79	
	6	Total number of volunteers (estimate if necessary)	6 80	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 983,25	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -45,14	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,709,045	Current Year 8,137,207
	9	Program service revenue (Part VIII, line 2g)	408,569,618	479,677,805
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,469,249	12,651,948
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,116	516,391
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	408,022,530	500,983,351
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,955,951
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)	170,921,254	203,279,685
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	100,000
b		Total fundraising expenses (Part IX, column (D), line 25) <u>5,254,285</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	213,923,560	238,064,345
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	389,800,765	450,489,035
19		Revenue less expenses Subtract line 18 from line 12	18,221,765	50,494,316
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	469,833,465	562,450,482
	21	Total liabilities (Part X, line 26)	249,055,699	285,733,129
	22	Net assets or fund balances Subtract line 21 from line 20	220,777,766	276,717,353

Part II		Signature Block	
Sign Here	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		
			2011-05-04 Date
	 KENNETH MCFARLANDPETER BASTONE CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed 
	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	

1 Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

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	No
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, line 10? 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?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	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	Yes
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	Yes
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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	261	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,796	
	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)			
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: <input type="text"/> 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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
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	Yes
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	14	
b	Enter the number of voting members that are independent . . .	1b	10	
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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. AARON NEUHARTH 27700 MEDICAL CTR ROAD MISSION VIEJO, CA 92691 (949) 364-7767

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

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

Form **990** (2009)

1b Total	3,857,962	1,576,535	453,691
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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▶299

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PAIN RECOVERY MEDICAL GROUP INC 21221 SPURNEY LANE HUNTINGTON BEACH, CA 926467243	DEPENDENCY MGMT	2,498,764
MARIA FENNEL INC 2542 CALLE JADE SAN CLEMENTE, CA 92673	TRANSCRIPTION SVC	1,877,352
CLINICAL STAFFING 24375 MIRA VERDE BLDG D SUITE 104 LAGUNA NIGUEL, CA 92677	REGISTRY SERVICE	1,570,921
HEALTHCARE SECURITY SERVICES OF CA 900 S BROADWAY 100 DENVER, CO 80209	SECURITY SERVICE	1,223,764
JOHNSON GRAY ADVERTISING 15375 BARRANCA PKWY F101 IRVINE, CA 92618	ADVERTISEMENT	1,150,516

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 ▶91

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	13,500				
	b	Membership dues	1b					
	c	Fundraising events	1c	1,437,863				
	d	Related organizations	1d	1,856,858				
	e	Government grants (contributions)	1e	193,092				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,635,894				
	g	Noncash contributions included in lines 1a-1f \$ 500,939						
	h	Total. Add lines 1a-1f						8,137,207
Program Service Revenue			Business Code					
	2a	NET PATIENT REV	622,110	457,810,804	457,810,804			
	b	MOB RENTAL	531,120	10,627,518	10,627,518			
	c	CHILDREN HOSPITAL AT MISSION	622,110	6,988,900	6,988,900			
	d	NUTRITIONAL SERVICES	722,310	2,108,781	2,108,781			
	e	PATHOLOGY REVENUE	621,511	840,939		840,939		
	f	All other program service revenue		1,300,863	1,158,548	142,315		
	g	Total. Add lines 2a-2f			479,677,805			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		12,653,898			12,653,898	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		219,750						
		221,700						
		-1,950						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-1,950			-1,950
	8a	Gross income from fundraising events (not including \$ 1,437,863 of contributions reported on line 1c) See Part IV, line 18						
		a		626,214				
		b		656,278				
b	Less direct expenses							
c	Net income or (loss) from fundraising events . . .			-30,064			-30,064	
9a	Gross income from gaming activities See Part IV, line 19							
	a		169,519					
	b		41,590					
b	Less direct expenses							
c	Net income or (loss) from gaming activities . . .			127,929			127,929	
10a	Gross sales of inventory, less returns and allowances							
	a		418,526					
	b							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .			418,526				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			500,983,351	478,694,551	983,254	12,749,813	

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	9,038,612	9,038,612		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,393	6,393		
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	2,399,996	1,726,854	673,142	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,600	9,600		
7	Other salaries and wages	138,255,537	106,275,634	30,119,695	1,860,208
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,310,618	7,226,046	1,955,894	128,678
9	Other employee benefits	41,830,414	34,293,753	7,109,483	427,178
10	Payroll taxes	11,473,520	8,993,261	2,350,319	129,940
11	Fees for services (non-employees)				
a	Management	6,310,776	2,713,634	3,597,142	0
b	Legal	274,509	182,022	85,871	6,616
c	Accounting	266,595	0	251,931	14,664
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	100,000			100,000
f	Investment management fees	35,376	0	0	35,376
g	Other	44,702,666	35,894,326	8,160,666	647,674
12	Advertising and promotion	4,570,956	3,594,663	897,673	78,620
13	Office expenses	78,451,703	68,854,216	9,546,779	50,708
14	Information technology	7,647,067	7,647,067	0	0
15	Royalties	0	0	0	0
16	Occupancy	23,636,193	18,384,411	4,911,051	340,731
17	Travel	234,048	115,745	94,046	24,257
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	346,846	72,723	121,939	152,184
20	Interest	12,468,003	12,468,003	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,167,434	17,976,468	3,184,989	5,977
23	Insurance	2,742,439	2,613,939	128,500	0
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	29,344,205	29,344,205	0	0
b	ALL OTHER EXPENSES	5,865,529	2,811,349	1,802,706	1,251,474
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	450,489,035	370,242,924	74,991,826	5,254,285
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			549,933	1	11,107,671
	2	Savings and temporary cash investments			68,109,544	2	55,263,800
	3	Pledges and grants receivable, net			5,021,885	3	3,847,472
	4	Accounts receivable, net			49,078,439	4	64,144,285
	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				7	
	8	Inventories for sale or use			4,112,308	8	4,228,122
	9	Prepaid expenses and deferred charges			1,698,112	9	2,017,607
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	441,555,388			
	b	Less accumulated depreciation	10b	114,702,547	258,609,399	10c	326,852,841
	11	Investments—publicly traded securities			39,864,672	11	48,110,038
	12	Investments—other securities See Part IV, line 11			14,164,834	12	23,966,257
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			14,284,675	14	13,717,072
	15	Other assets See Part IV, line 11			14,339,664	15	9,195,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)			469,833,465	16	562,450,482
Liabilities	17	Accounts payable and accrued expenses			60,985,226	17	54,065,430
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			188,070,473	25	231,667,699
	26	Total liabilities. Add lines 17 through 25			249,055,699	26	285,733,129
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			179,062,007	27	231,062,011
28		Temporarily restricted net assets			41,715,759	28	45,655,342
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			220,777,766	33	276,717,353
34	Total liabilities and net assets/fund balances			469,833,465	34	562,450,482	

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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 . . .		

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 MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
--	--

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 IIISupport 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

Additional Data

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL 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			
PETER BASTONE CEO/BOARD MEMBER	50 0	X		X				0	796,791	56,936
WILLIAM MURIN BOARD MEMBER	2 0	X						0	779,744	17,374
SISTER KAREN CLOCK BOARD MEMBER	2 0	X						0	0	0
SISTER CLAUDETTE DES FORGES BOARD MEMBER	2 0	X						0	0	0
SISTER CECILIA MAGLADRY BOARD MEMBER	2 0	X						0	0	0
WILLIAM ELDIEN BOARD CHAIR	5 0	X						0	0	0
OSCAR FLORES BOARD VICE CHAIR	4 0	X						0	0	0
SISTER JAYNE HELMLINGER BOARD MEMBER	2 0	X						0	0	0
PAT KELLY BOARD MEMBER	2 0	X						0	0	0
MELINDA MASSON BOARD MEMBER	2 0	X						0	0	0
SHERRI MEDINA BOARD MEMBER	2 0	X						0	0	0
MICHELE STAUNTON MD BOARD MEMBER	2 0	X						0	0	0
R CLIFFORD CARPER BOARD MEMBER	2 0	X						0	0	0
CHRISTOPHER NOLAN MD BOARD MEMBER	2 0	X						11,000	0	0
RICHARD KOZAK MD BOARD MEMBER	2 0	X						24,000	0	0
MARGARITA COWLEY EVP, CHIEF OPERATING OFFICER	50 0			X				577,985	0	40,020
KENNETH MCFARLAND SVP, CHIEF FINANCIAL OFFICER	50 0			X				577,538	0	43,297
CYNTHIA MUELLER VP MISSION INTEGRATION	50 0			X				259,087	0	42,442
DENNIS HAGHIGHAT VP MEDICAL AFFAIRS	50 0				X			409,842	0	25,534
LINDA JOHNSON VP PATIENT CARE SERVICES	50 0				X			396,072	0	38,347
SHIRLEY BARNES SR VP HUMAN RESOURCES	50 0					X		395,544	0	25,344
PAULA SERIOS VP MARKETING/COMMUNICATIONS	50 0					X		341,517	0	25,845
WINIFRED JOHNSON VP FOUNDATION/FUND RAISING	50 0					X		309,154	0	42,595
LISA WEAVER VP BUSINESS DEVELOPMENT	50 0					X		291,343	0	41,500
MICHAEL BECK VP OPERATIONS - LAGUNA BEACH	50 0					X		264,880	0	54,457

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REV	622,110	457,810,804	457,810,804		
MOB RENTAL	531,120	10,627,518	10,627,518		
CHILDREN HOSPITAL AT MISSION	622,110	6,988,900	6,988,900		
NUTRITIONAL SERVICES	722,310	2,108,781	2,108,781		
PATHOLOGY REVENUE	621,511	840,939		840,939	

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 MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
--	--

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	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		49,948
	j Total lines 1c through 1i			49,948
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to 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
PART II-B, Line 1i	OTHER ACTIVITIES	The amount on Line 1i is the PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS FOR LOBBYING ACTIVITIES DURING THE PAST YEAR, THE ST JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED SOME LOBBYING ACTIVITY THESE INCLUDED MEETING WITH LOCAL, STATE, AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
1c	
1d	
1e	
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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

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

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	1,300,000	34,894,212		36,194,212
b Buildings		269,718,596	47,769,145	221,949,451
c Leasehold improvements		16,682,570	6,443,086	10,239,484
d Equipment		111,863,278	60,467,114	51,396,164
e Other		7,096,732	23,202	7,073,530
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				326,852,841

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
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WKM PRODUCTIONS	EVENT PRODUCTION		No	145,035	100,000	45,035
Total ▶				145,035	100,000	45,035

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF (event type)	GALA (event type)	6 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	309,541	887,680	866,856
	2	Less Charitable contributions	245,065	549,795	643,003
	3	Gross income (line 1 minus line 2)	64,476	337,885	223,853
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	52,895	37,123	28,817
	7	Food and beverages	23,186	100,853	61,299
	8	Entertainment		33,145	
	9	Other direct expenses	10,061	78,626	230,273
	10	Direct expense summary Add lines 4 through 9 in column (d)			656,278
	11	Net income summary Combine lines 3, column d, and line 10.			-30,064

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue		169,519	169,519
	2	Cash prizes		3,750	3,750
Direct Expenses	3	Non-cash prizes		37,840	37,840
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes 100.000 % No
	7	Direct expense summary Add lines 2 through 5 in column (d)			41,590
	8	Net gaming income summary Combine lines 1, column d, and line 7			127,929

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities CA		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	No
b	If "No," Explain SEE SCHEDULE O		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► WINIFRED JOHNSON			
Address ► 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ► WINIFRED JOHNSON			
Gaming manager compensation ► \$ 15,458			
Description of services provided ► VP FOUNDATION/FUNDRAISING			
<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a Yes
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 152,567		

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
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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 <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>500 %</u></div>	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	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	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)			5,524,756		5,524,756	1 310 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			33,977,092	15,348,008	18,629,084	4 420 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			12,238,413	10,560,858	1,677,554	0 400 %
d Total Charity Care and Means-Tested Government Programs			51,740,261	25,908,866	25,831,394	6 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,336,118	21,245	5,314,873	1 260 %
f Health professions education (from Worksheet 5)			288,025	37,721	250,304	0 060 %
g Subsidized health services (from Worksheet 6)			1,030,133		1,030,133	0 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			318,452		318,452	0 080 %
j Total Other Benefits			6,972,728	58,966	6,913,762	1 640 %
k Total. Add lines 7d and 7j			58,712,989	25,967,832	32,745,156	7 770 %

Part IICommunity 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
1Physical improvements and housing	1	798	45,711		45,711	0.010 %
2Economic development						
3Community support	3	5,305	17,258		17,258	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	4	6,103	62,969		62,969	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	6,536,885	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	86,528,083	
6Enter Medicare allowable costs of care relating to payments on line 5	6	107,125,782	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-20,597,699	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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 IVManagement 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 %
1MECC-SEE SCHEDULE O	PHYSICIAN OFFICE&CONF ED CTR	50.000 %		50.000 %
2MAS - SEE SCHEDULE O	OUTPATIENT SURGERY CENTER	40.000 %		59.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

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

See additional data

- 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

See additional data

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

See additional data

- 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

See additional data

- 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)

See additional data

- 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 communities served

See additional data

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

CA

Additional Data

Software ID:
Software Version:
EIN: 95-1643360
Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

ST JOSEPH HEALTH SYSTEM SUBMITS A CONSOLIDATED REPORT WHICH INCLUDES ALL HOSPITAL MINISTRIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE COST OF ALL REPORTED CHARITY CARE AND OTHER COMMUNITY BENEFITS AT COST IT INCLUDED ALL PATIENT TYPES (I E INPATIENT, OUTPATIENT, EMERGENCY ROOM), AND WOULD ONLY INCLUDE CHARGES OR RELATED COSTS THAT PERTAIN TO EACH RESPECTIVE AREA (I E CHARITY, MEDICAID, MANAGED CARE, PRIVATE INSURANCE, SELF PAY, UNINSURED, ETC) FOR UNREIMBURSED COSTS, THAT WOULD BE THE DIFFERENCE BETWEEN THE DETERMINED COST UTILIZING THE COST-TO-CHARGE RATIO LESS ANY PAYMENTS RECEIVED FOR THAT PARTIAL PAYOR GROUP THE COST-TO-CHARGE RATIO USED WAS NOT DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NONE OF THE REPORTED SUBSIDIZED HEALTH SERVICES INCLUDED ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBT EXPENSE OF \$29,344,205 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR THE PURPOSE OF CALCULATING THE PERCENTAGE OF NET COMMUNITY BENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

FINANCIAL STATEMENT FOOTNOTE DESCRIBING BAD DEBT, MISSION HOSPITAL RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED AND OTHERS ARE FROM VARIOUS PAYORS WHO ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS, AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION CONTINUALLY MONITORS AND ADJUSTS THE RESERVES ASSOCIATED WITH RECEIVABLES THE ORGANIZATION ESTIMATES BAD DEBT EXPENSE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON HISTORICAL COLLECTION EXPERIENCE THE AMOUNT IN LINE 2 IS DETERMINED BY USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

AS A CATHOLIC HEALTH CARE MINISTRY, MISSION HOSPITAL FOLLOWS THE CATHOLIC HEALTH ASSOCIATION'S COMMUNITY BENEFIT REPORTING GUIDELINES AND THEREFORE DOES NOT REPORT MEDICARE AS A COMMUNITY BENEFIT. THE COSTING METHODOLOGY AND SOURCE OF OUR MEDICARE ALLOWABLE COSTS OF CARE REPORTED IN PART III, LINE 6 IS TAKEN DIRECTLY FROM OUR FILED MEDICARE COST REPORT. THE NUMBER PROVIDED IS THE SUM OF OUR TOTAL PROGRAM INPATIENT AND OUTPATIENT COSTS. TOTAL PROGRAM COST IS DERIVED FROM MEDICARE AND MEDICAID PROGRAM STATISTICS COMPARED TO OVERALL STATISTICS FOR THE REPORTING. THE MEDICARE COST TO CHARGE RATIO IS COMPUTED BY TAKING THE TOTAL ALLOWABLE PROGRAM COSTS BY COST CENTER DIVIDED BY PROGRAM GROSS CHARGES BY COST CENTER.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMS AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIES FOR CHARITY CARE ALL ACCOUNTS ARE SCREENED FOR CHARITY CARE ELIGIBILTY USING CRITERIA THAT CONSIDERS INSURANCE COVERAGE, CREDIT RATING, PAYMENT ACTIVITY, AND VALID SOCIAL SECURITY NUMBER AND/OR ACCURATE RESIDENCE ADDRESS

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

MISSION HOSPITAL COMPLETES A NEEDS ASSESSMENT EVERY THREE YEARS OF ITS PRIMARY SERVICE AREA IN ALIGNMENT WITH SB697 THE MOST RECENT HEALTH NEEDS ASSESSMENT THAT GUIDED THE DIRECTION OF THE FY09-11 COMMUNITY BENEFIT PLAN WAS COMPLETED IN FY2008 WHEN MISSION HOSPITAL PURCHASED A SECOND CAMPUS IN LAGUNA BEACH IN FY10, A NEEDS ASSESSMENT WAS CONDUCTED SPECIFICALLY IN THAT COMMUNITY TO HELP IDENTIFY THE MOST PERTINENT HEALTH AND QUALITY OF LIFE NEEDS BASED ON THESE TWO NEEDS ASSESSMENTS, THE AREAS OF FOCUS FOR MISSION HOSPITAL ARE AFFORDABLE HOMES, CHILD OBESITY, DEPRESSION, POST-SECONDARY EDUCATION, ACCESS TO PRIMARY CARE, AND YOUTH ALCOHOL PREVENTION

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

MISSION HOSPITAL PROVIDES COPIES OF FINANCIAL ASSISTANCE MATERIALS TO ALL UNINSURED PATIENTS AND TO INSURED PATIENTS THAT MAY QUALIFY OR REQUEST FINANCIAL ASSISTANCE. MISSION HOSPITAL POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM IN ENGLISH AND SPANISH. NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL. NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE. ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND ARE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE. AUTOMATED CALLS ARE MADE TO PATIENTS WHICH INSTRUCT THEM ON HOW TO INQUIRE REGARDING QUALIFICATION OF FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE POLICY IS UPDATED ANNUALLY AND REVIEWED WITH STAFF AT STAFF MEETINGS. ALL STAFF ARE PROVIDED SUMMARY SHEETS WHICH LIST THE INCOME RANGES FOR THE QUALIFYING FOR FINANCIAL ASSISTANCE TO ASSIST IN DISCUSSING THE POTENTIAL ELIGIBILITY WITH THE PATIENT, AS WELL AS IDENTIFYING ELIGIBILITY FOR OTHER GOVERNMENT ASSISTANCE.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

MISSION HOSPITAL'S "COMMUNITY" IS A SERVICE AREA COMPOSED OF SIXTEEN CITIES, MISSION VIEJO, SAN CLEMENTE, SAN JUAN CAPISTRANO, LADERA RANCH, LAGUNA BEACH, LAGUNA NIGUEL, ALISO VIEJO, DANA POINT, RANCHO SANTA MARGARITA, TRABUCO CANYON, CAPISTRANO BEACH, LAGUNA WOODS, FOOTHILL RANCH, SILVERADO, LAGUNA HILLS, AND LAKE FOREST. THIS AREA INCLUDES A POPULATION OF APPROXIMATELY 600,000 PEOPLE. THE AREA HAS SEEN TREMENDOUS GROWTH OVER THE LAST FIVE YEARS AND IT IS ESTIMATED THAT POPULATION WILL CONTINUE TO INCREASE BY 5.5% OVER THE NEXT FIVE YEARS. DEMOGRAPHICALLY, THE AREA IS 70% CAUCASIAN. HISPANICS ARE THE LARGEST MINORITY GROUP AND ACCOUNT FOR 17.3% OF THE POPULATION AND ALSO HAVE THE HIGHEST PROJECTED GROWTH RATE IN THE FUTURE OF ALL ETHNICITIES. THE ASIAN POPULATION REMAINS STABLE AT AROUND 7% OF THE PRIMARY SERVICE AREA. OVERALL, SOUTH ORANGE COUNTY ENJOYS RELATIVE AFFLUENCE. THE AVERAGE HOUSEHOLD INCOME IS \$95,537 AND IS EXPECTED TO CONTINUE GROWING. DESPITE THE COUNTY'S AFFLUENCE, THE HOSPITAL'S PRIOR COMMUNITY HEALTH NEEDS ASSESSMENTS OVER THE LAST 10 YEARS CONTINUE TO REVEAL CONCENTRATED AREAS OF POVERTY IN THE CITIES OF SAN CLEMENTE, DANA POINT, SAN JUAN CAPISTRANO, LAGUNA NIGUEL, MISSION VIEJO, LAKE FOREST AND RANCHO SANTA MARGARITA. THESE AREAS WERE DETERMINED BASED ON KEY DRIVERS FOR COMMUNITY VULNERABILITY. ALTHOUGH HIGH NEEDS WERE IDENTIFIED IN THESE 8 AREAS (LISTED ABOVE), A DECISION WAS MADE TO PRIMARILY FOCUS ON THE CITIES OF SAN CLEMENTE, DANA POINT, SAN JUAN CAPISTRANO, LAGUNA BEACH AND LAKE FOREST. THIS DECISION WAS MADE IN PARTNERSHIP WITH COMMUNITY BENEFIT DEPARTMENT STAFF, THE HOSPITAL EXECUTIVE TEAM AND THE COMMUNITY BENEFIT COMMITTEE. THESE AREAS CONTINUE TO BE THE FOCUS OF MISSION HOSPITAL'S COMMUNITY BENEFIT PRIORITIES. COMMUNITY BENEFIT GOVERNANCE STRUCTURE MISSION HOSPITAL DEMONSTRATES ORGANIZATIONAL COMMITMENT TO THE COMMUNITY BENEFIT PROCESS THROUGH THE ALLOCATION OF STAFF, FINANCIAL RESOURCES, PARTICIPATION AND COLLABORATION. QUARTERLY PRESENTATIONS ARE MADE TO THE COMMUNITY BENEFIT COMMITTEE TO ALLOW THEM THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK ON EACH INITIATIVE'S PROGRESS. THE COMMUNITY WAS ENGAGED IN THE ONGOING COLLABORATIVE WORK CREATED FOR EACH OF MISSION HOSPITAL'S COMMUNITY BENEFIT INITIATIVES. THE COLLABORATIVES HAVE PROVIDED GUIDANCE AND ACTION WITHIN EACH OF THE INITIATIVES AND HELPED FURTHER OUR OUTREACH EFFORTS.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

OUR MISSION CALLS US TO IMPROVE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE A KEY EMPHASIS IS PUT ON DEVELOPING PROGRAMS THAT ADDRESS ROOT CAUSES OF HEALTH PROBLEMS A KEY ISSUE FOR OUR COMMUNITY IS ACCESS TO AFFORDABLE HOMES THE NEED TO INCREASE AFFORDABLE HOMES IN SOUTH ORANGE COUNTY WAS IDENTIFIED IN THE 2008 HEALTH NEEDS ASSESSMENT SINCE THEN, MISSION HOSPITAL HAS PARTNERED WITH OVER A DOZEN AGENCIES TO CREATE THE SOUTH ORANGE COUNTY ALLIANCE FOR HOUSING OUR COMMUNITIES (SOCAHOC) TOGETHER, THE ALLIANCE WORKS ON INCREASING THE NUMBER OF POLICIES THAT SUPPORT AFFORDABLE HOMES, INCREASING BROAD-BASED COMMUNITY ADVOCACY ORGANIZATIONS THAT IDENTIFY AND ACT ON AFFORDABLE HOMES AS A PRIORITY, AND COLLABORATING TO CREATE NEW AFFORDABLE HOMES IN FY10 SOCAHOC HAD 205 ENCOUNTERS WITH ORGANIZATIONS AND WITH 301 INDIVIDUALS A TOTAL OF 115 UNDUPLICATED ORGANIZATIONS WERE ENGAGED AND ACTED ON HOUSING INITIATIVES THE COSTS OF THIS ACTIVITY ARE REPORTED ON SCHEDULE H, PART II, LINE 1 OTHER COMMUNITY BUILDING ACTIVITIES INCLUDE PROVIDING FUNDING FOR A LOCAL SOUP KITCHEN TO PROVIDE MEALS TO THE HOMELESS AND A DRUNK-DRIVING PREVENTION PROGRAM AIMED TOWARD TEENS, WHICH IS IMPLEMENTED OUT OF BOTH MISSION HOSPITAL CAMPUSES THE COSTS OF THIS ACTIVITY ARE REPORTED ON SCHEDULE H, PART II, LINE 3

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

MISSION HOSPITAL'S COMMUNITY BENEFIT PROGRAMS ARE STRONG IN COMMUNITY COLLABORATION. EACH OF OUR SIX INITIATIVES HAS A COMMUNITY COALITION OR TASK FORCE THAT WORK TOGETHER TO DETERMINE ACTIVITIES TO ADDRESS THE RESPECTIVE ISSUE. IN FY10, THESE COALITIONS COMPRISED OVER 150 INDIVIDUALS DEDICATED TO SERVICES IN THE SOUTH ORANGE COUNTY AREA. MISSION HOSPITAL ALSO SUBSIDIZES AN ER HOSPITALIST PROGRAM WHICH PROVIDES A MEDICAL PROVIDER FOR UNINSURED LOW-INCOME PATIENTS WHILE THEY ARE IN THE HOSPITAL. IN FY2010 A TOTAL OF \$1,030,000 WAS SPENT ON THE PROGRAM. THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF MEDICAL AND BUSINESS PROFESSIONALS, ALONG WITH SISTERS OF THE ST. JOSEPH HEALTH SYSTEM, MOST OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. ALL BOARD MEMBERS ARE VOLUNTEERS AND NONE OF THE COMMUNITY MEMBERS ARE EMPLOYEES OR CONTRACTORS OF THE HOSPITAL. THEY ARE INVOLVED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS, FUNDRAISING, AND IN GENERAL STEWARDSHIP. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. THE HOSPITAL UTILIZES SURPLUS FUNDS TO HELP MAINTAIN ACCESS TO PATIENT SERVICES THROUGHOUT THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: 1) PROCUREMENT OF PATIENT CARE EQUIPMENT AND DEVICES TO AID IN THE DIAGNOSIS OF DISEASE AND TREATMENT OF OUR PATIENTS, 2) TWO FAMILY RESOURCE CENTERS THAT PROVIDE PARENT EDUCATION CLASSES, SUPPORT GROUPS, COUNSELING SERVICES, TEEN PROGRAMS, HEALTH/SAFETY PROGRAMS AND INFORMATION, MANY OF WHICH ARE OFFERED IN SPANISH AND CAN BE PROVIDED IN THE COMMUNITY, AS WELL AS AN ARRAY OF EDUCATIONAL PROGRAMS AND CLASSES THAT PROVIDE INFORMATION AND ASSISTANCE WITH CHILDBIRTH, BREASTFEEDING, CHILDCARE, CHILD SAFETY, DIABETES, NUTRITION AND WELLNESS, HEART HEALTH, JOINT REPLACEMENT PREPAREDNESS, AND MORE, AND 3) FREE FLU SHOT CLINICS OPEN TO THE SURROUNDING COMMUNITY.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

MISSION HOSPITAL IS A HEALING MINISTRY OF THE ST JOSEPH HEALTH SYSTEM TO ENSURE THAT THE NEEDS OF THE POOR AND VULNERABLE IN THE COMMUNITY ARE BEING MET MISSION HOSPITAL ALLOCATES ON AN ANNUAL BASIS 10% OF NET INCOME AND STRIVES TO ALLOCATE 1 5% OF TOTAL OPERATING EXPENSES TO HELP FACILITATE THIS PROCESS MISSION HOSPITAL HAS A COMMUNITY BENEFIT COMMITTEE WHICH IS A SUB-COMMITTEE OF THE BOARD OF TRUSTEES THIS COMMITTEE IS CHARGED WITH ENSURING THAT RESOURCES ARE TARGETED TO MEETING THE NEEDS OF THE COMMUNITY EVERY THREE YEARS MISSION HOSPITAL CREATES A COMMUNITY BENEFIT PLAN THAT IS REVIEWED ON AN ANNUAL BASIS TO ENSURE KEY PROGRAM OUTCOMES YEARLY UPDATES ARE SUBMITTED TO THE SJHS CORPORATE OFFICE FOR REVIEW AND SUBMISSION TO OSHPD IN ALIGNMENT WITH SB697 MISSION HOSPITAL IS A PART OF ST JOSEPH HEALTH SYSTEM OF ORANGE CALIFORNIA ST JOSEPH HEALTH SYSTEM (SJHS) IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM PROVIDING A BROAD RANGE OF MEDICAL SERVICES THE SYSTEM IS ORGANIZED INTO THREE REGIONS--NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO - AND CONSISTS OF 14 ACUTE CARE HOSPITALS, AS WELL AS HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS THE MINISTRIES THAT COMPRISE SJHS OFFER A WIDE VARIETY OF SERVICES WITHIN EACH OF THE THREE REGIONS FROM WELL-ESTABLISHED ACUTE CARE HOSPITALS TO CLINICS IN NON-TRADITIONAL SETTINGS LIKE CLASS ROOMS, SJHS IS ESTABLISHING A "CONTINUUM OF CARE," THAT IS, A SYSTEM THAT LINKS AND COORDINATES AN ENTIRE SPECTRUM OF HEALTH SERVICES IN 1986, ST JOSEPH HEALTH SYSTEM ESTABLISHED THE SJHS FOUNDATION TO ASSIST PEOPLE UNABLE TO AFFORD HEALTH CARE SERVICES BY PROVIDING GRANTS TO NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS SJHS FOUNDATION FUNDING IS DISTRIBUTED ACCORDING TO THE FOLLOWING FORMULA - 75 CENTS OF EACH DOLLAR THE FOUNDATION RECEIVES FROM EACH LOCAL FACILITY IS RETURNED DIRECTLY TO FACILITY IT CAME FROM TO SUPPORT THE COMMUNITY BENEFIT PROJECTS IN THEIR COMMUNITIES - 7 5 CENTS IS DISTRIBUTED BY THE SJHS FOUNDATION ENDOWMENT - THE REMAINING 17 5 CENTS COLLECTED SUPPORTS - WELLNESS & PREVENTION GRANTS - DISASTER GRANTS - COMMUNITY BUILDING INITIATIVE - SJHS BOARD DESIGNATED FUND A MISSION HOSPITAL ANNUAL COMMUNITY BENEFIT REPORT IS SUBMITTED TO ST JOSEPH HEALTH SYSTEM, AND THEN IS REVIEWED AND SUBMITTED TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT IN ALIGNMENT WITH CALIFORNIA SENATE BILL 697

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

13

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SJC, CA 92675	33-0574214	501(C)(3)	696,426				COMMUNITY OUTREACH
BOYS & GIRLS CLUB1304 CALLE VALLE SAN CLEMENTE, CA 92674	95-6111998	501(C)(3)	10,000				SPONSORSHIP
ST TIMOTHY'S CATHOLIC CHURCH29102 CROWN VALLEY LAGUNA NIGUEL, CA 92677	95-3656905	501(C)(3)		86,498	COST	FOOD DONATIONS	FOOD DONATIONS
LIGA INTERNATIONALPO BOX 51985 RIALTO, CA 92376	95-6111639	501(C)(3)		62,402	COST	VAR MED SUPPLIES	MEDICAL SUPPLIES
DRUG USE IS LIFE ABUSE 28000 MARGUERITE SANTA ANA, CA 92702	95-3498487	501(c)(3)	6,000				SPONSORSHIP
JSERRA CATHOLIC HIGH SCHOOLPO BOX 28 SAN JUAN CAPISTRANO, CA 92675	33-0944424	501(C)(3)	51,400				SPONSORSHIP
MISSION SAN JUAN CAPISTRANO26351 JUNIPERO SERRA DR SJC, CA 92630	95-1904079	501(C)(3)	7,410				SPONSORSHIP
SADDLEBACK COLLEGE - NURSING PROGRAM31414 EL CAMINO MISSION VIEJO, CA 92692	33-0390547	501(C)(3)	35,000				SCHOLARSHIPS
TALLER SAN JOSE28000 MARGUERITE PRKY SANTA ANA, CA 92701	59-3816355	501(C)(3)	20,500				SPONSORSHIP
UC - IRVINE801 NORTH BROADWAY IRVINE, CA 926975602	95-2226406	GOVT	110,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HEALTH SYSTEM FOUNDATION500 S MAIN STREET ORANGE, CA 928684507	33-0143024	501(C)(3)	5,410,300				CARE FOR THE POOR
ST JOSEPH HERITAGE HEALTHCARE (MHAP)279 E IMPERIAL 750 FULLERTON, CA 92635	33-0185031	501(C)(3)	2,448,658				PROGRAM FUNDING
CITY OF SAN CLEMENTE 100 N CALLE SEVILLE SAN CLEMENTE, CA 92672	95-6000775	GOVT	10,000				COMMUNITY BENEFIT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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				
PETER BASTONE	(i)	0	0	0	0	0	0	0
	(ii)	435,314	186,197	175,280	17,116	39,820	853,727	0
WILLIAM MURIN	(i)	0	0	0	0	0	0	0
	(ii)	497,556	154,993	127,195	7,350	10,024	797,118	0
MARGARITA COWLEY	(i)	293,469	118,712	165,804	19,521	20,499	618,005	62,401
	(ii)	0	0	0	0	0	0	0
KENNETH MCFARLAND	(i)	293,694	125,200	158,644	16,855	26,442	620,835	42,148
	(ii)	0	0	0	0	0	0	0
DENNIS HAGHIGHAT	(i)	245,190	102,215	62,437	9,583	15,951	435,376	0
	(ii)	0	0	0	0	0	0	0
LINDA JOHNSON	(i)	207,747	126,141	62,184	11,761	26,586	434,419	0
	(ii)	0	0	0	0	0	0	0
SHIRLEY BARNES	(i)	219,788	77,800	97,956	15,538	9,806	420,888	0
	(ii)	0	0	0	0	0	0	0
PAULA SERIOS	(i)	187,267	101,302	52,948	12,233	13,612	367,362	0
	(ii)	0	0	0	0	0	0	0
WINIFRED JOHNSON	(i)	158,969	66,400	83,785	19,274	23,321	351,749	0
	(ii)	0	0	0	0	0	0	0
LISA WEAVER	(i)	167,352	66,800	57,191	18,411	23,089	332,843	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BECK	(i)	138,515	63,646	62,719	17,978	36,479	319,337	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA MUELLER	(i)	148,983	53,800	56,304	24,274	18,168	301,529	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		PART I, LINE 4B EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007 AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. THE TWO INDIVIDUALS WHO RECEIVED 457(F) DISTRIBUTIONS WERE: KENNETH MCFARLAND \$42,148; MARGARITA COWLEY \$62,401. PART I, LINE 7: A PORTION OF THE EXECUTIVE'S SALARY IS PLACED "AT-RISK" AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

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
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	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
JOHN SHAVER MD	SPOUSE OF BOARD MEMBER	75,950	COMPENSATION FOR SERVICES		No

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
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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	X		0	
6 Cars and other vehicles	X	1	29,240	COST/SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	221,699	COST/SELLING PRICE
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	X	1	250,000	EXPERT OPINIONS
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
GIFTS IN				
25 Other ► (KIND)	X	732	00	
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

290

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

Yes

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

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

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
PART I, LINE 5 - CLOTHING AND HOUSEHOLD GOODS		CLOTHING AND HOUSEHOLD GOODS WERE DONATED TO THE HOSPITAL THRIFT N' GIFT PROGRAM \$418,526 WAS RECOGNIZED FROM THE SALE OF SUCH ITEMS IN FY10, THE AMOUNT BEING DETERMINED BY THE SELLING PRICE REVENUE FROM THE SALE OF THE DONATED ITEMS IS REPORTED ON FORM 990, PART VIII, LINE 10A PART I, LINE 25 - OTHER GIFTS IN KIND WITH AN ESTIMATED VALUE OF \$527,796 WERE RECEIVED DURING THE YEAR AND WERE NOT INCLUDED ON THE BOOKS VALUE WAS ESTIMATED FROM DONOR'S APPROXIMATION OF VALUE REVENUE FROM THE SALE OF THESE ITEMS IS INCLUDED IN FUNDRAISING REVENUE ON FORM 990, PART VIII, LINE 8A
PART I, LINE 32A		MISSION HOSPITAL USES THE SERVICES OF MERRILL LYNCH TO SELL SECURITIES THAT HAVE BEEN GIFTED BY VARIOUS DONORS AND BENEFACTORS

Software ID:
Software Version:
EIN: 95-1643360
Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 2	DESCRIPTION OF NEW SERVICE	MISSION HOSPITAL ACQUIRED LAGUNA BEACH HOSPITAL. THIS ACQUISITION ENABLES LAGUNA BEACH HOSPITAL TO SERVE A BROADER POPULATION OF SOUTH ORANGE COUNTY.

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	GROUNDING IN OUR COMMITMENT TO COMMUNITY AS A MEMBER OF THE ST. JOSEPH HEALTH SYSTEM (SJHS), MISSION HOSPITAL IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST. JOSEPH OF ORANGE. THAT MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO. BUT THE ROOTS OF MISSION HOSPITAL AND THE LESSONS TO SERVE OUR DEAR NEIGHBORS DATE BACK TO THE YEAR 1650 WHEN THE SISTERS' FIRST CONGREGATION WAS FORMED IN LE PUY, FRANCE. SINCE THAT TIME, THE PEOPLE OF OUR ORGANIZATION CONTINUE TO ASSESS THE NEEDS OF THE COMMUNITIES WE SERVE, BUILD COLLABORATIVE PARTNERSHIPS WITH LOCAL RESIDENTS, BUSINESS AND COMMUNITY NOT-FOR-PROFITS, AND TOGETHER THROUGH THOSE PARTNERSHIPS, MEET COMMUNITY NEEDS. THE HEALTH SYSTEM IS ORGANIZED INTO THREE REGIONS--NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO - AND CONSISTS OF 14 ACUTE CARE HOSPITALS, AS WELL AS HOME HEALTH AGENCIES, HOSPICE CARE, OUT-PATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS. MISSION HOSPITAL PROVIDES SOUTH ORANGE COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING THROUGH TWO CONVENIENT LOCATIONS, MISSION VIEJO AND LAGUNA BEACH. MISSION HOSPITAL IN MISSION VIEJO IS AN ACUTE CARE, FULL-SERVICE FACILITY THAT HOUSES THE REGION'S DESIGNATED TRAUMA CENTER, ONE OF ONLY THREE IN THE COUNTY. A COMPLETE ARRAY OF TOP-QUALITY HEALTHCARE SERVICES ARE OFFERED INCLUDING 24-HOUR EMERGENCY CARE, IMAGING, CARDIAC, STROKE, MATERNITY SERVICES, AND MISSION WOMEN'S WELLNESS CENTER OFFERING COMPREHENSIVE BREAST, HEART AND PELVIC CARE. MISSION HOSPITAL ALSO OFFERS THE HIGHEST LEVEL OF CARE IN ORTHOPEDICS, REHABILITATION, CANCER, SPINE AND VASCULAR SERVICES. MISSION HOSPITAL LAGUNA BEACH'S HEALTHCARE SERVICES INCLUDE 24-HOUR EMERGENCY, INTENSIVE AND MEDICAL-SURGICAL CARE AS WELL AS BEHAVIORAL HEALTH AND CHEMICAL AND PAIN MEDICATION DEPENDENCY TREATMENT. THE HOSPITAL HAS A MEDICAL STAFF OF 786 PHYSICIANS REPRESENTING 50 SPECIALTIES AND SUB-SPECIALTIES. CURRENTLY THERE ARE MORE THAN 2,600 EMPLOYEES AND OVER 800 VOLUNTEERS. AS THE LARGEST MEDICAL CENTER IN SOUTH ORANGE COUNTY, LICENSED FOR 552 BEDS, MISSION HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION. SINCE 1980, THE HOSPITAL HAS HOUSED THE REGION'S DESIGNATED TRAUMA CENTER THAT SERVED 931 PATIENTS THIS PAST FISCAL YEAR. THREE MISSION OUTCOMES AS A MINISTRY OF THE ST. JOSEPH HEALTH SYSTEM WE ARE COMMITTED TO THREE SYSTEMWIDE MISSION OUTCOMES - MAKING EVERY ENCOUNTER WITH OUR COMMUNITY A SACRED ENCOUNTER. IN FY10, A FAMILY & PATIENT ADVISORY COUNCIL WAS CREATED IN OUR CRITICAL CARE UNIT TO HELP US UNDERSTAND AND IMPROVE THE PATIENT EXPERIENCE. THIS COUNCIL WAS CRITICAL IN THE DEVELOPMENT OF PERINATAL COMFORT CARE COMMITTEE THROUGH REVISION OF PERINATAL LOSS MATERIALS - PROVIDING TO OUR PATIENTS IN THE COMMUNITY WITH PERFECT CARE. IN FY10, CAMINO HEALTH CENTER ACHIEVED A 15.7% INCREASE IN THE NUMBER OF GIRLS AGES 9 - 19 WHO RECEIVED THEIR FINAL VACCINATION AGAINST THE HUMAN PAPILLOMA VIRUS (HPV) WHEN COMPARED TO THE FY09 OUTCOMES - MAKING THE COMMUNITY WE SERVE AMONG THE HEALTHIEST COMMUNITIES IN THE U.S. THE COMMUNITY-BASED "PLAY MORE, EAT BETTER" PROGRAM HELD TOTAL OF 12 BLOCK PARTIES IN FY10 WITH OVER 2,353 ATTENDEES. THIS PROGRAM DEMONSTRATED A 7% DECREASE IN BMI RATES FOR THE CHILDREN WHO RETURNED TO MULTIPLE EVENTS. MISSION HOSPITAL IS AN ACUTE CARE, FULL SERVICE FACILITY, SERVING THE SOUTH ORANGE COUNTY COMMUNITY. DURING FISCAL YEAR 2010, WE INVESTED A TOTAL OF \$32,745,000 (7.28% OF OUR TOTAL FUNCTIONAL EXPENSES) IN COMMUNITY BENEFIT (INCLUDING TRADITIONAL CHARITY CARE, UNPAID COST TO STATE AND LOCAL PROGRAMS AND COMMUNITY BENEFIT SERVICES TO THE LOW-INCOME AND BROADER COMMUNITY). THIS EXPENSE DID NOT INCLUDE COMMUNITY BUILDING ACTIVITIES OF \$63,000. IN ADDITION, OUR UNPAID COST OF MEDICARE PROGRAMS TOTALLED \$20,597,699. FINANCIAL ASSISTANCE POLICY (TRADITIONAL CHARITY CARE) OUR MISSION IS TO PROVIDE QUALITY CARE TO ALL OUR PATIENTS, REGARDLESS OF ABILITY TO PAY. WE BELIEVE THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE. THAT IS WHY ST. JOSEPH HEALTH SYSTEM HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS. IN FY10, MISSION HOSPITAL PROVIDED \$5,525,000 IN CHARITY CARE. ORGANIZATIONAL COMMITMENT AS A VALUES BASED ORGANIZATION, MISSION HOSPITAL HAS A LONG-STANDING COMMITMENT TO THE COMMUNITY. FY10 COMMUNITY BENEFIT INITIATIVES AND/OR PROGRAMS NAME OF INITIATIVE OR PROGRAM ACCESS TO PRIMARY CARE SERVICES GOAL INCREASE ACCESS TO PRIMARY CARE AT CAMINO HEALTH CENTER. FY10 ACCOMPLISHMENTS IN FY10, CAMINO HEALTH CENTER SERVED 3,557 UNDUPLICATED PATIENTS FROM THE CITIES OF SAN CLEMENTE, DANA POINT, AND SAN JUAN CAPISTRANO. THE NUMBER OF UNDUPLICATED PATIENTS FROM THESE THREE CITIES REPRESENTS AN 8% INCREASE OVER THE NUMBER OF PATIENTS SERVED IN FY09. IN EARLY 2010 CAMINO BEGAN EVALUATING CERTIFIED ELECTRONIC HEALTH RECORD (EHR) SYSTEMS TO ENHANCE CURRENT INFORMATION TECHNOLOGY SYSTEMS THAT WILL MEET CAMINO'S NEEDS AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND ALLOW THE CLINIC TO PARTICIPATE IN THE "MEANINGFUL USE" INCENTIVE PROGRAM AVAILABLE THROUGH THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) OF 2009. NAME OF INITIATIVE OR PROGRAM CHILDHOOD OBESITY GOAL TO REDUCE THE PREVALENCE OF OBESITY IN UNDERSERVED CHILDREN 3-11 YEARS OLD. KEY COMMUNITY PARTNERS BOYS & GIRLS CLUBS, YMCA'S, NUTRITION & PHYSICAL ACTIVITY COUNCIL OF ORANGE COUNTY, LOCAL SCHOOL DISTRICTS, ECOLOGY CENTER, ORANGE COUNTY HEALTH CARE AGENCY, AND WESTERN YOUTH SERVICES. FY10 ACCOMPLISHMENTS IN FY10 THE SOUTH ORANGE COUNTY CHILDHOOD OBESITY TASKFORCE HELPED TO REDUCE BY 6% (ORIGINAL BASELINE 39%) THE NUMBER OF CHILDREN AGES 3-11 WITH BODY MASS INDEX'S GREATER OR EQUAL TO THE 85TH PERCENTILE. 28 NEW SCHOOL-BASED PROGRAMS WERE STARTED. THE HEALTHY 4 LIFE PROGRAM WAS IMPLEMENTED AT 14 SCHOOLS IN THE MISSION HOSPITAL SERVICE AREA TO INCREASE THE LEVEL OF PHYSICAL ACTIVITY OF SCHOOL-AGED CHILDREN. A NEW PARTNERSHIP BETWEEN THE ECOLOGY CENTER, THE BOYS & GIRLS CLUB OF SAN JUAN CAPISTRANO AND MISSION HOSPITAL CREATED THE GARDENS FOR LIFE AFTER-SCHOOL PROGRAM TO ENCOURAGE PHYSICAL ACTIVITY THROUGH GARDENING AND NUTRITION EDUCATION OF THE CHILDREN CONSIDERED OVERWEIGHT WHEN THIS 10-WEEK PROGRAM INITIATED, 50% OF THESE KIDS LOWERED THEIR BMI TO A HEALTHY WEIGHT. COMMUNITY AEROBICS CLASSES CONTINUED TO EXPAND INTO FOUR SOUTH COUNTY CITIES WITH OVER 10,773 ATTENDEES THROUGHOUT THE YEAR. NAME OF INITIATIVE OR PROGRAM ACCESS TO SERVICES FOR DEPRESSION GOAL INCREASE THE NUMBER OF PEOPLE WHO ARE CURRENTLY LIVING BELOW 300% OF THE FEDERAL POVERTY LEVEL FROM SOUTH ORANGE COUNTY WHO ENGAGE IN SERVICES FOR DEPRESSION (SERVICES INCLUDE COUNSELING, SUPPORT SERVICES & MEDICATION). KEY COMMUNITY PARTNERS CALOPTIMA, WESTERN YOUTH SERVICES, CHILDREN'S BUREAU HUMAN OPTIONS, 4 LOCAL FAITH COMMUNITIES, AND 22 PRIVATE MENTAL HEALTH PROVIDERS. FY10 ACCOMPLISHMENTS IN FY10, THE SOUTH ORANGE COUNTY DEPRESSION COALITION SAW 1,396 CLIENTS AT OR BELOW 300% POVERTY LEVEL FOR DEPRESSION SERVICES. THE COALITION HAD A TOTAL OF 118 PROVIDERS DURING FY2010, 50 OF WHICH WERE FLUENT IN ENGLISH AND SPANISH. A PARTNERSHIP WITH CALOPTIMA LED TO THEIR FIRST CME DINNER IN SOUTH ORANGE COUNTY TITLED, "DEPRESSION IN THE PRIMARY PRACTICE SETTING" TO CONTINUE THE WORK AROUND INCREASING EARLY IDENTIFICATION AND TREATMENT OF DEPRESSION, THE COALITION CREATED THE SOUTH ORANGE COUNTY DEPRESSION RESOURCE GUIDE TO HELP PHYSICIANS DIRECT TARGETED PATIENTS TO LOCAL AGENCIES AND FAITH COMMUNITIES THAT OFFERED LOW-COST PROGRAMS. IN ADDITION, MISSION HOSPITAL'S FAMILY RESOURCE CENTERS PLAN TO IMPROVE THEIR CLINICAL OUTCOMES FOR CLIENTS PRESENTING WITH DEPRESSION. IN THE COMING YEAR, THE TEAM WILL FOCUS ON STRATEGIES AROUND ACCESS TO MEDICATION, ENGAGING CLIENTS IN TREATMENT FOR DEPRESSION, AND IDENTIFYING NEW PROCEDURES TO PROVIDE QUICKER ACCESS TO TREATMENT. FOR MORE INFORMATION ON MISSION HOSPITAL WWW.MISSION4HEALTH.COM FOR MORE INFORMATION ON THE ST. JOSEPH HEALTH SYSTEM GO TO WWW.STJOE.ORG

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS	THE ORGANIZATION'S BYLAWS WERE UPDATED TO DEFINE AND CLARIFY BOARD DUTIES AND OFFICER ROLES. THE NUMBER OF BOARD SEATS WAS ALSO INCREASED. IN ADDITION, THE LIST OF RESERVED RIGHTS WAS EXPANDED TO INCLUDE PROCESSES LEADING UP TO ACTION ON RESERVED RIGHTS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	ST. JOSEPH HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF MISSION HOSPITAL.

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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE. THE FORM 990 IS THEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A COPY OF THE FORM 990 FILING IS THEN DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE MARCH 2011 MEETING. DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTS AND DISCUSSES CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE FINANCE COMMITTEE CHAIR THEN PROVIDES A SUMMARY AT THE FULL BOARD MEETING. FORM 990, PART VI, LINE 12C PROCESS FOR MONITORING CONFLICTS OF INTEREST OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST HE/SHE MAY HAVE. ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, SUCH CONFLICT IS DISCLOSED TO THE MISSION HOSPITAL BOARD COMMITTEE. IF THE CONFLICT INVOLVES A MEMBER OF THAT COMMITTEE, THE REMAINING COMMITTEE MEMBERS WILL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. THE OFFICER, TRUSTEE, OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETING IN WHICH THE COMMITTEE CONDUCTS ITS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY. ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER. IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES. THE SJHS CHIEF COMPLIANCE OFFICER IN CONSULTATION WITH SJHS GENERAL COUNSEL WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCESS USED TO DETERMINE COMPENSATION	THE EXECUTIVE COMPENSATION PROCESS AT ST. JOSEPH HEALTH SYSTEM IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES. THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT. THE SJHS EXECUTIVE COMPENSATION COMMITTEE DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO FULFILL THEIR RESPONSIBILITY, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA. THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE WORKLIFE COMMITTEE IS COMPOSED OF SEVERAL INDEPENDENT MEMBERS OF THE BOARD. THEY MEET AT LEAST 3 TIMES A YEAR AND MAKE ALL CRITICAL DECISIONS IN EXECUTIVE SESSION. THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED. THE WORKLIFE COMMITTEE PERFORMED ITS LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN JUNE 2010.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	GOVERNING DOCS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STMTS AVAILABLE	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE.

Identifier	Return Reference	Explanation
FORM 990, PART VII	HOURS DEVOTED TO RELATED ORGANIZATIONS	PETER BASTONE SERVES AS CEO OF MISSION HOSPITAL REGIONAL MEDICAL CENTER (MHRMC) ALTHOUGH HE IS COMPENSATED BY THE TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, HE DEVOTES 50 HOURS PER WEEK TO MHRMC AND NO HOURS TO SJHS. WILLIAM MURIN SERVES ON THE BOARD OF MHRMC AND IS AN EMPLOYEE OF SJHS. HE DEVOTES 50 HOURS PER WEEK TO SJHS AND 2 HOURS PER WEEK TO MHRMC.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	OVERSIGHT OR SELECTION PROCESS	THE ST. JOSEPH HEALTH SYSTEM BOARD APPROVES THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 3 AND PART III, LINE 9B	LICENSE TO OPERATE GAMING ACTIVITY	AS A TAX-EXEMPT HOSPITAL, MISSION HOSPITAL REGIONAL MEDICAL CENTER IS EXEMPT FROM THE CALIFORNIA ATTORNEY GENERAL REGISTRATION AND REPORTING REQUIREMENTS FOR THE RAFFLES.

Identifier	Return Reference	Explanation
SCHEDULE H, PART IV, COLUMN A	NAME OF ENTITY	1 MISSION EDUCATION CONFERENCE CENTER, LLC 2 MISSION AMBULATORY SURGICENTER, LTD, DBA MISSION SURGERY CENTER

Identifier	Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	METHOD USED TO DETERMINE AMOUNTS	THE AMOUNTS REPORTED ON SCHEDULE R, PART V, LINE 2 ARE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING.

Identifier	Return Reference	Explanation
SECTION 409A RELIEF UNDER SECTION V D OF IRS NOTICE 2008-113	OPERATIONAL DEFECTS	(A) NAME AND SOCIAL SECURITY NUMBERS OF AFFECTED PARTICIPANTS (B) THE 409A FAILURE OCCURRED WITH RESPECT TO THE ST. JOSEPH HEALTH SYSTEM PLAN ("PLAN") (C) OPERATIONAL DEFECT (1) IN FEBRUARY 2010 IT WAS DISCOVERED THAT THE PLAN FAILED TO COMPLY WITH 409A BECAUSE IT PROVIDED FOR IMPERMISSIBLE ALTERNATIVE PAYMENT SCHEDULES FOR VOLUNTARY AND INVOLUNTARY SEPARATIONS FROM SERVICE AND DID NOT SPECIFY THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT IN ACCORDANCE WITH V.B. VII C AND XI A OF NOTICE 2010-6, THE PLAN WAS AMENDED EFFECTIVE AS OF JANUARY 1, 2009 TO APPLY THE TIMING RULE APPLICABLE TO INVOLUNTARY TERMINATIONS TO VOLUNTARY TERMINATIONS AND TO PROVIDE THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT THIS AMENDMENT WAS SIGNED BY THE EMPLOYER ON OCTOBER 6, 2010. THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 60TH DAY FOLLOWING THE PARTICIPANT SEPARATION FROM SERVICE DATE FOR THE FOLLOWING PARTICIPANTS WHO VOLUNTARILY TERMINATED ON OR AFTER JANUARY 1, 2009 AND ON OR BEFORE DECEMBER 31, 2009. THE PLAN COVERS ELIGIBLE EMPLOYEES OF PARTICIPATING CONTROLLED GROUP MEMBERS. MISSION HOSPITAL REGIONAL MEDICAL CENTER PARTICIPATES IN THE PLAN. HOWEVER, NONE OF ITS EMPLOYEES VOLUNTARILY TERMINATED IN 2009 OR 2010. OPERATIONAL DEFECT (2) IN 2010 IT WAS DISCOVERED THAT 3 PARTICIPANTS EMPLOYED BY OTHER PARTICIPATING EMPLOYERS WERE NOT TIMELY PAID THEIR PLAN ACCOUNTS FOLLOWING INVOLUNTARY TERMINATIONS IN 2009, AS REQUIRED BY THE PLAN. USUALLY, SUCH DISTRIBUTIONS ARE MADE WITHIN 30 DAYS FOLLOWING THE INVOLUNTARY TERMINATION DATE. THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 30TH DAY FOLLOWING THE INVOLUNTARY TERMINATION DATE. THE PLAN'S ADMINISTRATIVE PROCEDURES HAVE BEEN REVIEWED TO ASSURE THAT IN THE FUTURE PLAN BENEFITS ARE PAID PROMPTLY AFTER ALL INVOLUNTARY TERMINATIONS. MISSION HOSPITAL REGIONAL MEDICAL CENTER DID NOT HAVE ANY EMPLOYEES WHO WERE INVOLUNTARILY TERMINATED AND NOT TIMELY PAID THEIR PLAN BENEFIT. (D) THE PLAN QUALIFIED FOR RELIEF UNDER V.B. VII C AND XI A OF IRS NOTICE 2010-6 AND ON OCTOBER 6, 2010, A PLAN AMENDMENT WAS SIGNED. THE AMENDMENT PROVIDES THAT EFFECTIVE AS OF JANUARY 1, 2009, ALL BENEFITS WILL BE PAID IMMEDIATELY UPON AN INVOLUNTARY SEPARATION FROM SERVICE (CURRENTLY THE STATUS QUO) AND ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT AND SUBJECT TO THE REQUIREMENT THAT IF THE 60TH DAY FALLS IN THE SUBSEQUENT TAX YEAR THEN PAYMENT WILL BE MADE IN THE SUBSEQUENT TAX YEAR. (E) THESE OPERATIONAL FAILURES ARE ELIGIBLE FOR THE CORRECTION UNDER THE TERMS OF IRS NOTICE 2008-113 AND THE EMPLOYER HAS TAKEN ALL ACTIONS REQUIRED, AND OTHERWISE MET ALL REQUIREMENTS, FOR SUCH CORRECTION.

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
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

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
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(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
ST JOSEPH PROF SVCS ENTERPRISES INC 500 S MAIN STREET SUITE 700 ORANGE, CA928684507 33-0155323	HEALTHCARE SVCS	CA	SJHS	C-CORP	0	0	0 %
ST JOSEPH DIVERSIFIED VENTURES INC 500 S MAIN STREET SUITE 700 ORANGE, CA928684507 33-0148989	HEALTHCARE SVCS	CA	SJHS	C-CORP	0	0	0 %
AMERICAN UNITY GROUP LTD 58 PAR-LA-VILLE ROAD HAMILTON HM HX BD	CAPTIVE INSURANCE	BD	SJHS	C-CORP	0	0	0 %
MISSION VIEJO MEDICAL VENTURES INC 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0212905	HEALTHCARE SVCS	CA	NA	C-CORP	39,333	338,452	100 000 %
MISSION MEDICAL CENTER ASSOCIATION 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0201044	PROP MGMT	CA	NA	C-CORP	0	0	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST JOSEPH HEALTH SYSTEM 500 S MAIN STREET SUITE 700 ORANGE, CA92868 95-3589356	HEALTHCARE	CA	501(C)(3)	11, I	N/A
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JUDE MEDICAL CENTER 101 EAST VALENCIA MESA DRIVE FULLERTON, CA92835 95-1643325	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	SJHS
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS
ST JOSEPH HEALTH SYSTEM FOUNDATION 500 S MAIN STREET SUITE 1000 ORANGE, CA92868 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A
ST JOSEPH HEALTH MINISTRY 500 S MAIN STREET SUITE 400 ORANGE, CA92868 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	N/A
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA92675 33-0574214	HEALTHCARE	CA	501(C)(3)	7	N/A
MISSION HOSPITAL REGIONAL MED CTR FOUND 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 33-0406118	FOUNDATION	CA	501(C)(3)	7	N/A
ST JOSEPH HOME CARE NETWORK 170 PROFESSIONAL CENTER DR B ROHNERT PARK, CA94928 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS
ST JOSEPH HERITAGE HEALTHCARE FDN 279 E IMPERIAL HIWY 750 FULLERTON, CA92635 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS
AUXILIARY OF MISSION HOSP LAGUNA BEACH 31872 COAST HWY LAGUNA BEACH, CA92651 95-6050019	SUPPORT	CA	501(C)(3)	11, III-O	N/A

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST JOSEPH HEALTH SYSTEM FOUNDATION	B	5,410,300
(2)	ST JOSEPH HEALTH SYSTEM FOUNDATION	C	1,794,910
(3)	AUXILIARY OF MISSION HOSP LAGUNA BEACH	C	56,948
(4)	QUEEN OF THE VALLEY MEDICAL CENTER		0
(5)	SANTA ROSA MEMORIAL HOSPITAL		0
(6)	CAMINO HEALTH CENTER		0
(7)	ST JOSEPH HOSPITAL OF EUREKA		0
(8)	REDWOOD MEMORIAL HOSPITAL		0
(9)	ST JUDE MEDICAL CENTER		0
(10)	ST JOSEPH HOSPITAL OF ORANGE		0
(11)	ST MARY MEDICAL CENTER		0
(12)	COVENANT HEALTH SYSTEM		0
(13)	ST JOSEPH HOME CARE NETWORK		0
(14)	ST JOSEPH HERITAGE HEALTHCARE FDN		0
(15)	ST JOSEPH PROF SVCS ENTERPRISES INC		0
(16)	ST JOSEPH DIVERSIFIED VENTURES INC		0
(17)	AMERICAN UNITY GROUP LTD		0
(18)	MISSION VIEJO MEDICAL VENTURES INC		0
(19)	MISSION MEDICAL CENTER ASSOCIATION		0
(20)	MISSION HOSPITAL REGIONAL MED CTR FDN		0