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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1798 NORTH GAREY AVENUE
Suite

City or town, state or province, country, and ZIP or foreign postal code
POMONA, CA 91767

D Employer identification number
95-1115230

E Telephone number
(909) 865-9500

G Gross receipts $ 494,754,417

F Name and address of principal officer
RICHARD YOCHUM
1798 NORTH GAREY AVENUE
POMONA, CA 91767

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www pvhmc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1903

M State of legal domicile CA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,214
6	Total number of volunteers (estimate if necessary)	**6**	972
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	387,156
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	193,780

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,013,548	1,097,491
9	Program service revenue (Part VIII, line 2g)	457,168,091	485,842,199
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,798,003	1,550,900
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,688,142	6,117,157
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	466,667,784	494,607,747
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,066,914	3,630,396
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)	260,105,888	266,692,007
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	193,621,331	209,514,106
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	455,794,133	479,836,509
19	Revenue less expenses Subtract line 18 from line 12	10,873,651	14,771,238

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	358,483,625	365,812,780
21	Total liabilities (Part X, line 26)	114,450,784	108,530,534
22	Net assets or fund balances Subtract line 21 from line 20	244,032,841	257,282,246

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2014-11-12
Signature of officer | Date

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

Paid Preparer Use Only

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

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

Firm's address ▶ 18111 VON KARMAN AVENUE SUITE 1000
IRVINE, CA 92612 | Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

POMONA VALLEY HOSPITAL MEDICAL CENTER IS A NOT-FOR-PROFIT, REGIONAL MEDICAL CENTER DEDICATED TO PROVIDING HIGH QUALITY, COST EFFECTIVE HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER POMONA VALLEY SEE SCHEDULE O FOR MORE INFORMATION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 439,786,666 including grants of $ 3,622,147) (Revenue $ 491,825,619)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 439,786,666

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	340		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,214		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ Juli Hester 1798 N Garey Avenue
Pomona, CA 91767 (909) 865-9881

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,833,768	0	673,735

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 659

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER FAMILY MEDICINE ASSO, 1770 N Orange Grove POMONA CA 91767	MEDICAL SERVICES	6,822,325
HOOPER LUNDY BOOKMAN, 1875 Century Park East 1600 LOS ANGELES CA 90067	LEGAL SERVICES	2,119,292
POMONA VALLEY IMAGING MED GRP, 1798 N GAREY AVENUE POMONA CA 91767	MEDICAL SERVICES	1,154,309
HOSPITALIST CORP OF THE INLAND EMPI, 1798 N GAREY AVENUE POMONA CA 91767	MEDICAL SERVICES	969,981
INLAND VALLEY ANESTHESIOLOGY MED GR, PO BOX 148 CLAREMONT CA 91711	MEDICAL SERVICES	601,045

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 41

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	0			
	d	Related organizations . . .	1d	156,942			
	e	Government grants (contributions)	1e	409,249			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	531,300			
	g	Noncash contributions included in lines 1a-1f $		0			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,097,491			
Program Service Revenue			Business Code				
	2a	Patient Care Revenue	622110	485,060,622	485,060,622	0	0
	b	Physician Office Rental	621111	394,421	394,421	0	0
	c	Non-Patient Lab Revenue	621511	358,850	0	358,850	0
	d	S-Corp	531110	28,306	0	28,306	0
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		485,842,199			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,549,535			1,549,535
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	281,772				
	b	Less rental expenses	146,670				
	c	Rental income or (loss)	135,102	0			
	d	Net rental income or (loss) . . . . . ▶			135,102		135,102
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		1,365			
	b	Less cost or other basis and sales expenses		0			
	c	Gain or (loss)		1,365			
	d	Net gain or (loss) . . . . . ▶			1,365	1,365	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶			0		
		Miscellaneous Revenue	Business Code				
	11a	Rebates Refunds	622110	582,980	582,980	0	0
	b	Food Sales	722212	1,162,849	1,162,849	0	0
	c	Hlth Education Training	923110	122,256	122,256	0	0
	d	All other revenue		4,113,970	4,113,970	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,982,055			
	12	**Total revenue.** See Instructions . . . . . ▶		494,607,747	491,438,463	387,156	1,684,637

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,630,396	3,630,396		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,616,105	79,171	2,536,934	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	206,909,131	197,146,416	9,762,715	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,507,777	9,032,388	475,389	0
9 Other employee benefits	32,364,027	31,149,885	1,214,142	0
10 Payroll taxes	15,294,967	14,695,869	599,098	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,396,409	309,784	3,086,625	0
c Accounting	141,378	0	141,378	0
d Lobbying	38,002	38,002	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,603,632	33,237,727	5,365,905	0
12 Advertising and promotion	1,584,649	629,022	955,627	0
13 Office expenses	12,844,060	11,058,736	1,785,324	0
14 Information technology	7,348,656	6,327,193	1,021,463	0
15 Royalties . .	0	0	0	0
16 Occupancy	8,953,711	7,709,145	1,244,566	0
17 Travel	309,019	225,773	83,246	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	613,931	398,613	215,318	0
20 Interest	404,076	347,909	56,167	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	22,380,894	19,269,950	3,110,944	0
23 Insurance	5,007,295	4,311,281	696,014	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	52,666,960	45,346,253	7,320,707	0
b California Hospital Fee	35,417,070	35,417,070	0	0
c CAPITATION EXPENSE	17,148,607	17,148,607	0	0
d DUES & SUBSCRIPTIONS	825,875	825,875	0	0
e All other expenses	1,829,882	1,451,601	378,281	
25 **Total functional expenses.** Add lines 1 through 24e	479,836,509	439,786,666	40,049,843	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		916,769	1	889,798
	2	Savings and temporary cash investments		29,720,818	2	24,456,127
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		73,050,492	4	64,361,064
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		440,267	7	53,569
	8	Inventories for sale or use		3,251,578	8	3,427,311
	9	Prepaid expenses and deferred charges		6,870,914	9	7,455,867
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 563,411,741			
	b	Less accumulated depreciation	10b 375,861,928	161,872,716	10c	187,549,813
	11	Investments—publicly traded securities		64,887,135	11	60,448,544
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		-770,161	13	-1,890,050
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		18,243,097	15	19,060,737
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		358,483,625	16	365,812,780
Liabilities	17	Accounts payable and accrued expenses		52,014,236	17	50,581,215
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		37,435,000	20	32,405,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,964,213	23	1,405,063
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23,037,335	25	24,139,256
	26	**Total liabilities.** Add lines 17 through 25		114,450,784	26	108,530,534
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		243,061,235	27	256,310,973
	28	Temporarily restricted net assets		265,573	28	265,237
	29	Permanently restricted net assets		706,033	29	706,036
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		244,032,841	33	257,282,246
	34	Total liabilities and net assets/fund balances		358,483,625	34	365,812,780

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	494,607,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	479,836,509
3	Revenue less expenses Subtract line 2 from line 1	3	14,771,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	244,032,841
5	Net unrealized gains (losses) on investments	5	-724,401
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-797,432
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	257,282,246

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-1115230
Name: POMONA VALLEY HOSPITAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD YOCHUM PRESIDENT/CEO	36 0 4 0	X		X				700,462	0	208,963
JANE GOODFELLOW CHAIRMAN	2 0 0 0	X		X				0	0	0
RONALD T VERA VICE CHAIRMAN	2 0 0 0	X		X				0	0	0
KEVIN MCCARTHY VICE CHAIRMAN	2 0 2 0	X		X				0	0	0
CLINT ADAMS DIRECTOR	2 0 0 0	X						0	0	0
ROSANNE BADER DIRECTOR	2 0 0 0	X						0	0	0
BERNARD A BERNSTEIN DIRECTOR	2 0 2 0	X						0	0	0
KEN BROWN MD DIRECTOR	2 0 0 0	X						0	0	0
RICHARD P CREAN DIRECTOR	2 0 2 0	X						0	0	0
GREG DHALQUIST DIRECTOR	2 0 0 0	X						47,780	0	0
RICHARD FASS DIRECTOR	2 0 0 0	X						0	0	0
ROGER GINSBURG DIRECTOR	2 0 0 0	X						0	0	0
BILL MCCOLLUM DIRECTOR	2 0 0 0	X						0	0	0
STEPHEN MORGAN DIRECTOR	2 0 0 0	X						0	0	0
CURTIS W MORRIS DIRECTOR	2 0 2 0	X						0	0	0
THOMAS F NUSS DIRECTOR	2 0 0 0	X						0	0	0
DARYL OSBY DIRECTOR	2 0 0 0	X						0	0	0
JAN PAULSON DIRECTOR	2 0 0 0	X						0	0	0
CID PINEDO DIRECTOR	2 0 0 0	X						0	0	0
PAUL REISCH MD DIRECTOR	2 0 0 0	X						14,696	0	0
HELLEN RODRIGUEZ MD DIRECTOR	2 0 2 0	X						0	0	0
TONY SPANO DIRECTOR	2 0 0 0	X						0	0	0
BILL STEAD DIRECTOR	2 0 0 0	X						0	0	0
SONIA STUMP DIRECTOR	2 0 0 0	X						0	0	0
BAO TRAN MD DIRECTOR	2 0 0 0	X						16,696	0	16,696

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGINALD WEBB DIRECTOR	2 0 0 0	X						0	0	0
CHRIS ALDWORTH ASST SEC/VP SATELLITE DIVISION	40 0 0 0			X				256,610	0	49,643
MICHAEL NELSON TREASURER/SECRETARY/CFO	39 0 1 0			X				765,953	0	78,770
JULI HESTER ASST TREASURER/VP FINANCE	39 0 1 0			X				237,004	0	44,573
DARLENE SCAFFIDDI VP OF NURSING	40 0 0 0				X			342,622	0	53,097
KENT HOYOS CIO	40 0 0 0					X		343,262	0	47,750
KENNETH K NAKAMOTO VP MED STAFF AFF	40 0 0 0					X		338,580	0	45,106
JAMES MCL DALE VP DEVELOPMENT	4 0 36 0					X		261,798	0	37,125
RAY INGE VP HR & PAYROLL	40 0 0 0					X		258,830	0	43,443
JOSEPH BAUMGARTNER DIRECTOR PT	40 0 0 0					X		249,475	0	48,569

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
POMONA VALLEY HOSPITAL MEDICAL CENTER	95-1115230

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		38,002
j	Total Add lines 1c through 1i			38,002
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	LOBBYING EXPENSE IS INCLUDED IN THE ANNUAL DUES FOR HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA AND CHA/CAHHS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

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

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

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	706,033	706,028	706,022	706,017	706,011
b	Contributions					
c	Net investment earnings, gains, and losses	3	5	6	5	6
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	706,036	706,033	706,028	706,022	706,017

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

- a Board designated or quasi-endowment ▶ 1 530 %
- b Permanent endowment ▶ 93 180 %
- c Temporarily restricted endowment ▶ 5 290 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,424,410	11,486,697		19,911,107
b Buildings		114,616,665	86,027,363	28,589,302
c Leasehold improvements		11,391,782	5,917,410	5,474,372
d Equipment		357,672,845	283,917,155	73,755,690
e Other		59,819,342		59,819,342
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				187,549,813

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Malpractice Receivable	3,121,504
(2) Workers Comp Receivable	6,650,045
(3) Retirement Plan Assets	940,792
(4) Interest Receivable	7,543,497
(5) Deferred Compensation	804,899
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	19,060,737

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SELF INSURANCE RESERVES	22,663,302
Deferred Compensation	1,475,954
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,139,256

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	POMONA VALLEY HOSPITAL MEDICAL CENTER HAS A PERMANENTLY RESTRICTED ENDOWMENT FROM A RESTRICTED DONATION RECEIVED THROUGH A UNITRUST, THE INCOME FROM WHICH IS USED TO SUPPORT THE HOSPITAL'S OPERATIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			13,199,011		13,199,011	2 750 %
b Medicaid (from Worksheet 3, column a)			204,605,135	179,000,152	25,604,983	5 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,172,513	1,459,452	6,713,061	1 400 %
d **Total** Financial Assistance and Means-Tested Government Programs			225,976,659	180,459,604	45,517,055	9 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	75	331,881	2,840,048	751,920	2,088,128	0 440 %
f Health professions education (from Worksheet 5)	21	6,580	3,722,409	685,929	3,036,480	0 630 %
g Subsidized health services (from Worksheet 6)	18	411	3,399,217		3,399,217	0 710 %
h Research (from Worksheet 7)	1	18	68,760	6,398	62,362	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	1	3,592,146		3,592,146	0 750 %
j **Total.** Other Benefits	116	338,891	13,622,580	1,444,247	12,178,333	2 540 %
k **Total.** Add lines 7d and 7j	116	338,891	239,599,239	181,903,851	57,695,388	12 030 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	1	5,000	2,125		2,125	0 %
3	Community support	5	1,472	16,095		16,095	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	2	320	472		472	0 %
9	Other	15	30,953	220,770		220,770	0 050 %
10	**Total**	23	37,745	239,462		239,462	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	42,239,720		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	557,024		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	69,048,609
6	Enter Medicare allowable costs of care relating to payments on line 5	6	67,416,087
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,632,522
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group POMONA VALLEY HOSPITAL MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.PVHMC.ORG/COMMUNITY-OUTREACH.ASP			
b	☐ Other website (list url)			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3	The 2013 Community Needs Assessment (CHNA) included direct input from 323 members of our primary service area, including minority, low-income, and medically underserved members Through a telephone interview process conducted between March 4 and March 12, 2012, survey of these community members was conducted with the following research objectives in mind - demographic profile of the community, health insurance coverage, health access barriers, utilization of health care services for routine primary/preventative care, utilization of urgent care services, need for specialty health care and experience with PVHMC including classes, support groups, and the emergency department The CHNA further included direct input from Los Angeles County SPA 3 and SPA 4 public health officer, Christin Mondy In a telephone interview conducted on August 28 2013, PVHMC research objectives included identifying public health concerns, barriers to care, recommendations for community benefit programs, and recommendations for collaboration in the community Public health needs identified included physical fitness and nutrition needs, high incidence of diabetes, substance abuse, concerns for safety in the community as it relates to physical activity among children, homelessness, and lack of routine preventative care Public health recommendations for collaboration and implementation of community benefit programs included increasing communication of available education and classes offered at PVHMC, providing programs for healthy food and nutrition education, and providing diabetes education and management resources
SCHEDULE H, PART V, SECTION B, LINE 6A	IMPLEMENTATION STRATEGY - THE 2013-2015 IMPLEMENTATION STRATEGY, ADOPTED BY OUR GOVERNING BOARD OF DIRECTORS, REFLECTS OUR COMMITMENT TO MEET THE NEEDS OF OUR COMMUNITY, AS THE MAJORITY OF OUR SERVICES ARE TIED INTO PROVIDING INFORMATION AND EDUCATION TO THE COMMUNITY REGARDING AVAILABILITY AND ACCESSIBILITY TO HEALTH AND SOCIAL SERVICES BY FOSTERING GREATER COORDINATION AND COLLABORATION AMONG LOCAL SERVICE PROVIDERS, WE ARE ABLE TO CONTINUE TO OFFER COMPREHENSIVE MEDICAL SERVICES AND PROGRAMS TO A LARGE COMMUNITY OUR SERVICES SHOW HOW THE COMMUNITY'S NEEDS DRIVE THE CONCEPTION AND ESTABLISHMENT OF THE SERVICES WE PROVIDE AND CONTRIBUTE TO ITS GROWTH AND IMPROVEMENT EVERY ACTIVITY AND PROGRAM IS BUDGETED TO MANAGE THE USE OF AVAILABLE RESOURCES OUR COMMITMENT TO THESE VITAL SERVICES IS DEMONSTRATED THROUGH THE CONCERTED EFFORTS OF EACH DEPARTMENT TO ENSURE THAT ESSENTIAL SERVICES CONTINUE TO BE PROVIDED TO THE COMMUNITY PVHMC DEMONSTRATES ITS PROFOUND COMMITMENT TO ITS LOCAL COMMUNITY, BOTH HISTORICALLY AND ON A CONTINUING BASIS PVHMC HAS WELCOMED THIS OCCASION TO FORMALIZE, ENHANCE AND DOCUMENT THE MULTITUDE OF COMMUNITY BENEFIT INITIATIVES AND PROGRAMS IN WHICH THE HOSPITAL IS IMMERSED OUR COMMUNITY IS CENTRAL TO US, AND IT IS REPRESENTED IN ALL OF THE WORK WE DO PVHMC HAS SERVED THE POMONA VALLEY FOR OVER 100 YEARS, AND WE VALUE MAINTAINING THE HEALTH OF OUR COMMUNITY BY PROVIDING ACCESSIBLE, HIGH QUALITY MEDICAL CARE
SCHEDULE H, PART V, SECTION B, LINE 7	OF THE HEALTH NEEDS IDENTIFIED THROUGH OUR NEEDS ASSESSMENT, PVHMC WILL NOT ADDRESS SUBSTANCE ABUSE, MENTAL HEALTH, AND DENTAL HEALTH NEEDS IN OUR IMPLEMENTATION STRATEGY PVHMC EVALUATED ITS CAPACITY TO SERVE THE MENTAL HEALTH, SUBSTANCE ABUSE, AND DENTAL HEALTH NEEDS OF OUR COMMUNITY PVHMC DOES NOT HAVE DENTAL PROVIDERS ON STAFF TO PERFORM ROUTINE DENTAL PROCEDURES, AND DOES NOT HAVE A LICENSED PSYCHIATRIC FACILITY - OR THE CAPACITY - TO PROVIDE INPATIENT AND OUTPATIENT SUBSTANCE ABUSE TREATMENT WHILE PVHMC HAS SOME SERVICES IN PLACE TO ASSIST WITH MENTAL HEALTH AND SUBSTANCE ABUSE, SUCH AS EMERGENT PSYCHIATRIC CONSULTATIONS, MENTAL HEALTH REFERRALS, AND SMOKING CESSATION EDUCATION, IT WAS DETERMINED THAT THIS CRITICAL NEED IS BEST SERVED BY OTHERS ACCORDINGLY, PVHMC WILL CONTINUE TO SUPPORT TRI-CITY MENTAL HEALTH, RECUPERATIVE CARE, THE DEPARTMENT OF MENTAL HEALTH, AND OTHER COMMUNITY BASED ORGANIZATIONS THAT PROVIDE THESE SERVICES
SCHEDULE H, PART V, SECTION B, LINE 14G	THE HOSPITAL FACILITY PUBLICIZED THE FINANCIAL ASSISTANCE POLICY BY MAKING A SUMMARY AVAILABLE IN THE FOLLOWING WAYS - ATTACHING TO BILLING INVOICES - POSTING IN THE EMERGENCY/WAITING ROOMS - POSTING IN THE ADMISSIONS OFFICES - PROVIDING, IN WRITING, TO PATIENTS ON ADMISSION TO THE HOSPITAL - PROVIDING THE POLICY UPON REQUEST
SCHEDULE H, PART V, SECTION B, LINE 20D	THE MAXIMUM INPATIENT RATES CHARGED TO PATIENTS ELIGIBLE FOR THE HOSPITAL'S FAP PROGRAM ARE ON A SLIDING SCALE 200% OR BELOW ARE FULLY WRITTEN OFF 200-300% PRICING COMPARABLE TO MEDI-CAL RATES 300-400% PRICING BASED ON MEDICARE FEE SCHEDULE 400-500% PRICING BASED ON WORKERS COMP FEE SCHEDULE SINCE THE HOSPITAL'S FAP COVERS PATIENTS WITH INCOME UP TO 500% FPG AND THE CALIFORNIA GOVERNMENT REQUIREMENT IS 350% FPG, WE PROVIDE FINANCIAL ASSISTANCE TO MORE PATIENTS THAN WE ARE REQUIRED TO

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **17**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINES 7B & 7I	THE CALIFORNIA HOSPITAL FEE PROGRAM (THE PROGRAM) WAS SIGNED INTO LAW BY THE GOVERNOR OF CALIFORNIA AND BECAME EFFECTIVE ON JANUARY 1, 2010 AMENDING LEGISLATION, TO CONFORM TO CHANGES REQUESTED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DURING THE APPROVAL PROCESS, WAS SIGNED INTO LAW BY THE GOVERNOR OF CALIFORNIA AND BECAME EFFECTIVE SEPTEMBER 8, 2010 THE PRIMARY LEGISLATION (AB 1383) AND AMENDING LEGISLATION (AB 1653) CONTAIN TWO COMPONENTS THE QUALITY ASSURANCE FEE ACT GOVERNS THE "HOSPITAL FEE" OR "QUALITY ASSURANCE FEE" (QA FEE) PAID BY PARTICIPATING HOSPITALS THE MEDI-CAL HOSPITAL PROVIDER STABILIZATION ACT GOVERNS SUPPLEMENTAL MEDI-CAL PAYMENTS (SUPPLEMENTAL PAYMENTS) MADE TO PROVIDERS FROM THE FUND HOSPITAL PARTICIPATION IS MANDATORY WITH LIMITED EXCEPTIONS THE QAF ACT WAS FURTHER EXPANDED FOR 30 MONTHS FROM JULY 1, 2011 THROUGH DECEMBER 31, 2013 WITH SB 335 AND SB 920 THE 30-MONTH PROGRAM IS THE THIRD HOSPITAL FEE IMPLEMENTED IN CALIFORNIA, AND IT DECOUPLES THE FEE-FOR-SERVICE PAYMENT WAS APPROVED IN JUNE 2012 THE MANAGED CARE PORTION OF THE PAYMENT IS PENDING CMS APPROVAL AT WHICH TIME THE RESPECTIVE PAYMENT WILL BE RECORDED THE MEDICAL CENTER MADE PAYMENTS TO DHCS AND RECORDED THE AMOUNT IN THE CONSOLIDATED STATEMENT OF OPERATIONS FOR THE QA FEE IN THE AMOUNT OF $35,417,070 IN 2013 INCLUDED ON SCHEDULE H, PART I, LINE 7B, COLUMN C THE MEDICAL CENTER ALSO MADE PLEDGE PAYMENTS OF $3,592,146 IN 2013 AND $1,991,971 IN 2012 TO THE CALIFORNIA HEALTH FOUNDATION AND TRUST IN CONJUNCTION WITH THE PROGRAM, WHICH IS REPORTED ON SCHEDULE H, PART I, LINE 7I, COLUMN C THE MEDICAL CENTER RECOGNIZED SUPPLEMENTAL PAYMENTS OF APPROXIMATELY $88,555,332 IN 2013 INCLUDED ON SCHEDULE H, PART I, LINE 7B, COLUMN D, WHICH PERTAINS TO THE PERIOD JANUARY 1, 2013 TO DECEMBER 31, 2013 FOR THE FEE-FOR-SERVICE PORTION, AND JULY 1, 2011 TO JUNE 30, 2013 FOR THE MANAGED CARE PORTION THE INCLUSION OF THESE AMOUNTS ON LINE 7B OF PART I IN THE CURRENT YEAR DECREASES THE PERCENTAGE OF THE TOTAL EXPENSE, AS COMPARED TO 2009 (THE LAST YEAR BEFORE THE PROGRAM WAS IN EFFECT)
SCHEDULE H, PART I, LINES 7A-7I	LINE 7A USED COST-TO-CHARGE METHODOLOGY LINE 7B USED COST-TO-CHARGE METHODOLOGY LINE 7C USED COST-TO-CHARGE METHODOLOGY LINE 7E USED ACTUAL AMOUNTS PER THE GENERAL LEDGER LINE 7F USED ACTUAL AMOUNTS PER THE GENERAL LEDGER LINE 7G USED ACTUAL AMOUNTS PER THE GENERAL LEDGER LINE 7H USED ACTUAL AMOUNTS PER THE GENERAL LEDGER LINE 7I USED ACTUAL AMOUNTS PER THE GENERAL LEDGER

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7F	POMONA VALLEY HOSPITAL MEDICAL CENTER IS COMMITTED TO CREATING A HEALTHY COMMUNITY IN THE POMONA VALLEY REGION, AND IN REALIZING THIS COMMITMENT, ASSISTS LOCAL SCHOOLS (E G CHAFFEY COLLEGE, WESTERN UNIVERSITY OF HEALTH SCIENCES, MOUNT SAN ANTONIO COLLEGE, CITRUS COLLEGE) IN MEETING REQUIREMENTS FOR THEIR NURSING PROGRAMS AND TO PROVIDE HEALTH PROFESSION EXTERNSHIPS, PRECEPTORSHIP, AND CLINICAL EXPERIENCE FOR RESPIRATORY, RADIOLOGY, AND DIETETIC STUDENTS ALIKE POMONA VALLEY HOSPITAL MEDICAL CENTER WORKS WITH LOCAL AREA MIDDLE AND HIGH SCHOOLS TO INTRODUCE CAREERS IN HEALTH CARE BY INVITING THEM TO TOUR OUR HOSPITAL AND BY VISITING THEM ON THEIR CAMPUS OUR FAMILY MEDICINE RESIDENCY PROGRAM TRAINS 18 PHYSICIANS EACH YEAR TO DEVELOP OUTSTANDING CLINICAL SKILLS, COMPASSION, AND EXCELLENT COMMUNICATION AND LEADERSHIP ABILITIES THE RESIDENCY IS AFFILIATED WITH THE DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA THE COSTS AND PERSONS SERVED ASSOCIATED WITH CONDUCTING HEALTH PROFESSIONS EDUCATION ARE REFLECTED ON LINES 3, 5 & 8 OF PART II AS COMMUNITY SUPPORT, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS AND WORKFORCE DEVELOPMENT
SCHEDULE H, PART I, LINE 7G	NONE OF THE MONEY IDENTIFIED UNDER THE SUBSIDIZED HEALTH SERVICES CATEGORY PERTAINS TO A PHYSICIAN CLINIC IN OUR COMMUNITY BENEFIT REPORT

Form and Line Reference	Explanation
SCHEDULE H, PART II	POMONA VALLEY HOSPITAL MEDICAL CENTER PARTICIPATES ON THE STEERING COMMITTEE FOR THE LOS ANGELES COUNTY SERVICE PLANNING AREA (SPA 3'S) HEALTH PLANNING GROUP (SAN GABRIEL VALLEY HEALTH CONSORTIUM) WE PARTICIPATE TO LOOK AT ACCESS TO CARE, PROMOTION OF HEALTH AND ACCESS AND AVAILABILITY OF SPECIALTY CARE, AND HOW THIS NEED PARTICULARLY AFFECTS OUR MOST VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS POMONA VALLEY HOSPITAL MEDICAL CENTER ASSISTS LOCAL SCHOOLS (E G CHAFFEY COLLEGE, WESTERN UNIVERSITY OF HEALTH SCIENCES, MOUNT SAN ANTONIO COLLEGE, CITRUS COLLEGE) IN MEETING REQUIREMENTS FOR THEIR NURSING PROGRAMS, OUR EDUCATION DEPARTMENT SERVES ON THE ADVISORY BOARDS TO THESE SCHOOLS THE COSTS AND PERSONS SERVED ASSOCIATED ARE REFLECTED ON LINE 3 & 8 OF PART II AS COMMUNITY SUPPORT AND WORKFORCE DEVELOPMENT POMONA VALLEY HOSPITAL MEDICAL CENTER SUPPORTS THE ECONOMIC DEVELOPMENT OF THE COMMUNITY BY ALLOWING LOCAL NOT-FOR-PROFIT ORGANIZATIONS TO PARTICIPATE IN CREATING A SPONSORSHIP AD FOR THEIR ORGANIZATIONS IN OUR HOSPITAL'S PROGRAM BOOKS FOR COMMUNITY EVENTS THE COSTS AND PERSONS SERVED ARE REFLECTED ON LINE 2 OF PART II AS ECONOMIC DEVELOPMENT POMONA VALLEY HOSPITAL MEDICAL CENTER IS ONE OF 13 DESIGNATED DISASTER RESOURCE CENTERS (DRC) IN LOS ANGELES COUNTY AS PART OF THE NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM AS THE DRC FOR THE REGION, POMONA VALLEY HOSPITAL MEDICAL CENTER IS RESPONSIBLE FOR 10 "UMBRELLA" FACILITIES IN THE AREA AND COORDINATES DRILLS, TRAINING, AND SHARING OF PLANS TO BRING TOGETHER THE COMMUNITY AND OUR RESOURCES FOR DISASTER PREPAREDNESS
SCHEDULE H, PART III, LINE 2	COSTING METHODOLOGY USED IS COST-TO-CHARGE RATIO USING WORKSHEET 2 AND WORKSHEET A WHEN A FINANCIAL ASSISTANCE APPLICATION IS RECEIVED FROM A PATIENT, THE PATIENT'S ACCOUNT IS ASSIGNED A SPECIFIC USER DEFINED CODE THIS CODE ALLOWS THE HOSPITAL TO IDENTIFY ALL ACCOUNTS PENDING FINANCIAL ASSISTANCE REVIEW AND PREVENTS THE ACCOUNT FROM PROGRESSING THROUGH THE NORMAL COLLECTION PROCESS AFTER THE FINANCIAL ASSISTANCE APPLICATION AND THE PATIENT'S REQUIRED SUPPORTING DOCUMENTATION IS REVIEWED, THE PATIENT IS INFORMED OF THE RESULTS OF THE REVIEW OF THEIR APPLICATION IF THE PATIENT'S APPLICATION IS APPROVED, THE ACCOUNT BALANCE IS ADJUSTED ACCORDING TO THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IF THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE USER DEFINED CODE IS REMOVED AND THE ACCOUNT PROCEEDS THROUGH THE NORMAL COLLECTION CYCLE WHICH ENDS IN A TRANSFER TO A COLLECTION AGENCY IF THE PATIENT FAILS TO PAY THEIR BALANCE IN FULL

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	COSTING METHODOLOGY USED IS COST-TO-CHARGE RATIO USING WORKSHEET 2 AND WORKSHEET A ACCOUNTS RETURNED FROM THE COLLECTION AGENCY ARE WRITTEN OFF TO BAD DEBT EXPENSE LINE 3 CONSISTS OF AMOUNTS WRITTEN OFF DUE TO INCOMPLETE RECORDS FOR PATIENTS WHO LIKELY QUALIFIED FOR CHARITY CARE
SCHEDULE H, PART III, LINE 4	COSTING METHODOLOGY USED IS COST-TO-CHARGE RATIO USING WORKSHEET 2 AND WORKSHEET A THE HOSPITAL'S FINANCIAL STATEMENT INCLUDES A BAD DEBT FOOTNOTE REGARDING FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS UPDATE (ASU) NO 2011-07, "HEALTH CARE ENTITIES" (TOPIC 954) REGARDING THE PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH CARE ENTITIES THE BAD DEBT FOOTNOTE CAN BE FOUND ON PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE COSTING METHOD USED IS COST TO CHARGE RATIO THE SOURCE OF INFORMATION IS THE MEDICARE COST REPORT
SCHEDULE H, PART III, LINE 9B	THE CREDIT & COLLECTIONS DEPARTMENT SENDS A STATEMENT TO EACH PATIENT/GUARANTOR AS NOTIFICATION OF THE PATIENT RESPONSIBILITY AND AMOUNT DUE IF THE PATIENT HAS INSURANCE COVERAGE, THE CHARGES INCURRED ARE BILLED TO THE INSURANCE PLAN/CARRIER PROVIDED BY THE PATIENT AND VERIFIED AS ELIGIBLE COVERAGE BY POMONA VALLEY HOSPITAL MEDICAL CENTER STAFF THE AMOUNT BILLED TO THE PATIENT IS THE AMOUNT DETERMINED BY THE INSURANCE CARRIER AS PATIENT RESPONSIBILITY FOR UNINSURED PATIENTS, A COMPLETE ITEMIZED STATEMENT OF CHARGES IS MAILED TO THE PATIENT THE HOSPITAL SENDS FIRST PARTY LETTERS TO THE PATIENT WHEN BILLING THE PATIENT THEIR PORTION AFTER INSURANCE HAS PAID OR THEIR BALANCE IF UNINSURED FIRST PARTY LETTERS ARE GENERATED FROM THE PATIENT ACCOUNTING FINANCIAL SYSTEM AND MAILED TO EACH PATIENT/GUARANTOR IN AN EFFORT TO COLLECT MONIES OWED THE LETTER SERIES CONSISTS OF THREE SYSTEM GENERATED LETTERS EACH LETTER MAILED INDICATES THE AMOUNT OWED AND INSTRUCTS THE PATIENT TO CONTACT THE BUSINESS OFFICE TO DISCUSS THEIR OPTIONS AND/OR MAKE PAYMENT ARRANGEMENTS IF THE PATIENT CALLS AND EXPRESSES AN INABILITY TO PAY, THE BUSINESS OFFICE ASSOCIATE WILL EXPLAIN THE OPTIONS AVAILABLE INCLUDING 1) A MONTHLY INSTALLMENT OPTION AT NO INTEREST IF PAID WITHIN 12 MONTHS OR AN AGREED UPON PERIOD, 2) PATIENTS WITHOUT INSURANCE ARE OFFERED A PROMPT PAY DISCOUNT, GREATLY DISCOUNTING THEIR BALANCE IF PAID WITHIN 30 DAYS, AND 3) WHEN A PATIENT EXPRESSES AN INABILITY TO PAY, THE PATIENT IS INFORMED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND IF THE PATIENT IS INTERESTED, A FINANCIAL ASSISTANCE APPLICATION IS MAILED TO THE PATIENT IF THE PATIENT FAILS TO RESPOND TO THE FIRST STATEMENT/LETTER MAILED TO THE PATIENT, A PHONE CALL IS PLACED DURING THE CALL, THE OPTIONS ABOVE ARE SHARED WITH THE PATIENT IF THE COLLECTOR IS UNABLE TO CONTACT THE PATIENT BY PHONE DUE TO A DISCONNECTED PHONE NUMBER, AN "UNABLE TO REACH BY PHONE" LETTER IS SENT TO THE PATIENT THIS LETTER INFORMS THE PATIENT OF PAYMENT ARRANGEMENT OPTIONS AND OTHER FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO ASSIST THEM WITH THEIR FINANCIAL OBLIGATIONS A SECOND STATEMENT IS MAILED TO THE PATIENT ADVISING THE PATIENT TO CONTACT THE BUSINESS OFFICE IF THE PATIENT IS UNABLE TO REMIT THE FULL AMOUNT DUE IF AND WHEN A PATIENT CALLS THE BUSINESS OFFICE IN RESPONSE TO PVHMC'S COLLECTION CORRESPONDENCE, THE PATIENT IS INFORMED OF THE VARIOUS FINANCIAL ASSISTANCE OPTIONS IN THE EVENT A PATIENT HAS A QUESTION IN COMPLETING THE APPLICATION, THE BUSINESS OFFICE SUPERVISOR, MANAGER AND/OR DIRECTOR ARE AVAILABLE TO ASSIST THE PATIENT IN COMPLETING THE APPLICATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	IN 2013, A COMMUNITY NEEDS ASSESSMENT WAS COMPLETED THE ASSESSMENT IS INTENDED TO BE A RESOURCE FOR PVHMC TO BECOME INVOLVED WITH DEVELOPING AND MAINTAINING ACTIVITIES AND PROGRAMS THAT CAN HELP IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF POMONA VALLEY THE COMMUNITY NEEDS ASSESSMENT PROCESS INCLUDED PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING VALUABLE COMMUNITY, STAKEHOLDER, AND PUBLIC HEALTH INPUT THAT WAS EXAMINED TO PRIORITIZE THE MOST CRITICAL NEEDS OF OUR COMMUNITY AND SERVE AS THE BASIS FOR OUR COMMUNITY BENEFIT PLAN INITIATIVES AND IMPLEMENTATION STRATEGY PVHMC PARTNERED WITH CALIFORNIA STATE UNIVERSITY SAN BERNARDINO'S INSTITUTE OF APPLIED RESEARCH TO CONDUCT 323 COMMUNITY MEMBER SURVEYS THE RESEARCH OBJECTIVES WERE TO LOOK AT THE DEMOGRAPHIC PROFILE OF THE COMMUNITY, HEALTH INSURANCE COVERAGE, HEALTH ACCESS BARRIERS, UTILIZATION OF HEALTH CARE SERVICES FOR ROUTINE PRIMARY/PREVENTATIVE CARE, UTILIZATION OF URGENT CARE SERVICES, NEED FOR SPECIALTY HEALTH CARE AND EXPERIENCE WITH PVHMC INCLUDING CLASSES, SUPPORT GROUPS, AND THE EMERGENCY DEPARTMENT THE COMMUNITY NEEDS ASSESSMENT HAS BEEN MADE WIDELY AVAILABLE TO THE PUBLIC AT HTTP //WWW PVHMC ORG/COMMUNITY-OUTREACH ASP IN THE FINDINGS, OUT OF 138 RESPONSES, 99 (OR 73 3%) OF THE PATIENTS WHO VISITED THE EMERGENCY DEPARTMENT (ED) SAID THEY DID NOT TRY TO SEE THEIR DOCTOR BEFORE GOING TO THE ED THE MAIN REASONS GIVEN FOR NOT TRYING TO SEE THEIR DOCTOR FIRST WERE BECAUSE IT WAS AFTER HOURS (32 OR 36%), IT WAS AN EMERGENCY SITUATION (22 OR 24 7%), OR THEY WERE BROUGHT BY AMBULANCE (15 OR 16 9%) MORE PATIENTS USED THE ED WHEN IT SEEMED APPROPRIATE AS IT RELATED TO THE DAY AND TO THE EXTENT OF THE EMERGENCY COMPARED TO PVHMC'S PREVIOUS NEEDS ASSESSMENT WE ARE DOING A BETTER JOB OF INFORMING OUR COMMUNITIES OF THE DIFFERENCES BETWEEN EMERGENT SITUATIONS AND WHAT CAN WAIT FOR A VISIT WITH THEIR PRIMARY CARE PHYSICIAN, AND THE USE OF URGENT CARE SERVICES IN ADDITION, WE CAN DO MORE TO MAKE USE OF OUR PRIMARY CARE AND URGENT CARE SERVICES TO MEET THE NEEDS OF OUR COMMUNITY AND OFFLOAD A LARGE PROPORTION OF THE PRESSURE ON OUR EMERGENCY DEPARTMENT AS A PRIVATE COMMUNITY SAFETY NET HOSPITAL, ALSO WITH THE DESIGNATION AS A DISPROPORTIONATE SHARE HOSPITAL ("DSH"), WE CARE FOR A GREATER POPULATION OF LOW-INCOME, MEDICALLY VULNERABLE PATIENTS THEY OFTEN REQUIRE AN INCREASED NEED OF ACCESSIBLE, HIGH QUALITY, AND COST-EFFECTIVE HEALTH CARE SERVICES WE DELIVER CARE TO ALL PATIENTS IN OUR ED, WITH OR WITHOUT INSURANCE THE NECESSITY TO IMPROVE AND BUILD UPON THE EFFICIENCY OF OUR ED IS CRITICAL FOR PVHMC IN ORDER FOR US TO KEEP UP WITH THE GROWING DEMANDS BEING PLACED UPON OUR SYSTEM EVERY DAY THE 2013 COMMUNITY NEEDS ASSESSMENT FURTHER REVEALED THE NEED FOR SPECIALTY HEALTHCARE RESPONDENTS WERE GIVE A LIST OF VARIOUS CHRONIC OR ONGOING HEALTH CONDITIONS AND ASKED IF THEY OR ANY MEMBER OF THEIR FAMILY HAVE ANY OF THE CONDITIONS IN TOTAL, 59 0% OF RESPONDENTS ANSWERED "YES" TO HAVING CHRONIC OR ONGOING HIGH BLOOD PRESSURE CONDITIONS, 31 5% WITH DIABETES, 19 0% WITH ASTHMA, 14 5% WITH CANCER, 14 0% WITH OBESITY, 14 0% WITH OSTEOPOROSIS, 5 5 % WITH CHRONIC HEART FAILURE, AND 16 0% STATED THEY HAVE OTHER ONGOING HEALTH CONDITIONS UNDERSTANDING THE NEED FOR COMMUNITY HEALTH STATUS IMPROVEMENT, A FOCUS OF OUR 2014 COMMUNITY BENEFIT PLAN IS MAKING THE COMMUNITY MORE AWARE OF THE PROGRAMS, CLASSES AND SUPPORT GROUPS OFFERED BY THE HOSPITAL TO HELP PREVENT, MANAGE, OR IMPROVE HEALTH OUTCOMES FOR THOSE AT RISK OR LIVING WITH CHRONIC DISEASE OR ILLNESS NUTRITION (8 7%), DIABETES (7 3%), OBESITY AND WEIGHT LOSS (6 4%), HIGH BLOOD PRESSURE (5 5%) AND CANCER CARE (5 5%) WERE THE MOST REQUESTED HEALTH CLASSES DURING OUR NEEDS ASSESSMENT THE HOSPITAL CURRENTLY PROVIDES MANY OF THE CLASSES THE RESPONDENTS WERE INTERESTED IN, THEREFORE WE ARE DEDICATED TO PROVIDING GREATER COMMUNICATION ABOUT THE AVAILABILITY OF THESE EXISTING RESOURCES THE 2013 COMMUNITY NEEDS ASSESSMENT ALSO EXAMINED COMMUNITY UTILIZATION OF PRIMARY AND PREVENTATIVE CARE SERVICES AS WELL AS BARRIERS TO RECEIVING NEEDED CARE IN TOTAL, 79 6% OF RESPONDENTS HAD VISITED THEIR PRIMARY DOCTOR WITHIN THE PAST YEAR AND 85 6% SAID THEIR CHILDREN HAD VISITED A PRIMARY DOCTOR WITHIN THE PAST YEAR THIS MEANS THAT 20 4% OF ADULTS AND 12 6% OF CHILDREN DID NOT RECEIVE PRIMARY OR PREVENTATIVE CARE SERVICES AMONG RESPONDENTS, 10 2% SAID THEY NEEDED SERVICES LAST YEAR THAT THEY COULD NOT GET BARRIERS TO RECEIVING NEEDED CARE INCLUDED COST AND/OR COPAYMENTS (39 4%) AND LACK OF INSURANCE COVERAGE (15 2%) SERVICES THAT RESPONDENTS SAID THEY NEEDED WERE SURGERY, DENTAL, OB/GYN, CAT SCANS/X-RAYS, PRESCRIPTIONS, GENERAL CHECKUPS, OPTOMETRY/OPHTHALMOLOGY, MOBILITY DEVICES (SUCH AS WHEELCHAIRS, SCOOTERS, AND WALKERS), AND OTHER SERVICES FOR CHILDREN PVHMC WORKS TO MEET THESE NEEDS OF OUR COMMUNITY MEMBERS WHO ARE UNABLE TO GET NEEDED RESOURCES TO SOCIOECONOMIC AND ENVIRONMENTAL BARRIERS, PROVIDING FREE, LOW-COST, OR REDUCED-COST HEALTH SERVICES SUCH AS IMMUNIZATIONS, MAMMOGRAMS, MEDICATIONS, AND MEDICAL DEVICES, AMONG OTHERS SIGNIFICANT HEALTH NEEDS IDENTIFIED IN OUR 2013 COMMUNITY NEEDS ASSESSMENT ARE CARDIOVASCULAR HEALTH, DIABETES, CANCER, NEED FOR WELLNESS SUPPORT AND HEALTH EDUCATION, SUBSTANCE ABUSE NEEDS, OBESITY AND PHYSICAL ACTIVITY, ACCESS TO HEALTHCARE, MENTAL HEALTH AND DENTAL SERVICES PVHMC PRIORITIZED THESE NEEDS INTO THREE OVERARCHING THEMES AS A FRAMEWORK FOR PVHMC TO ORGANIZE, MAINTAIN, AND IMPLEMENT COMMUNITY BENEFIT PROGRAMS AND SERVICES THESE PRIORITIZED HEALTH NEEDS ARE CHRONIC DISEASE MANAGEMENT, HEALTHY LIFESTYLE SUPPORT, AND ACCESS TO CARE THE COMMUNITY NEEDS ASSESSMENT AND HEALTH NEEDS PRIORITIES WERE ADOPTED BY OUR GOVERNING BOARD OF DIRECTORS ON SEPTEMBER 5, 2013 COMMUNITY HEALTH NEEDS WERE DETERMINED TO BE SIGNIFICANT THROUGH EVALUATION OF PRIMARY AND SECONDARY DATA, WHEREBY THOSE IDENTIFIED HEALTH NEEDS WERE PRIORITIZED BASED UPON (1) COMMUNITY RESPONDENTS AND KEY INFORMANTS IDENTIFIED THE NEED TO BE SIGNIFICANT, OR LARGELY REQUESTED SPECIFIC SERVICES THAT THEY WOULD LIKE TO SEE POMONA VALLEY HOSPITAL MEDICAL CENTER PROVIDE IN THE COMMUNITY, (2) FEASIBILITY OF PROVIDING INTERVENTIONS FOR THE UNMET NEED IDENTIFIED IN THE COMMUNITY, IN SUCH THAT POMONA VALLEY HOSPITAL MEDICAL CENTER CURRENTLY HAS, OR HAS THE CURRENT MEANS OF DEVELOPING THE RESOURCES TO MEET THE NEED, AND (3) ALIGNMENT BETWEEN THE IDENTIFIED HEALTH NEED, AND POMONA VALLEY HOSPITAL MEDICAL CENTER'S MISSION, VISION, AND STRATEGIC PLAN
SCHEDULE H, PART VI, LINE 3	PUBLIC NOTICE PUBLIC NOTICES ARE POSTED IN PVHMC'S REGISTRATION AND BILLING AREAS NOTIFYING PATIENTS, FAMILY AND GENERAL PUBLIC THAT WE OFFER CHARITABLE ASSISTANCE TO THOSE WHO QUALIFY THE NOTICE PROVIDES A BUSINESS OFFICE PHONE NUMBER WHERE THEY MAY CONTACT A BUSINESS OFFICE REPRESENTATIVE TO OBTAIN ADDITIONAL INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAMS THE NOTICES ARE POSTED IN BOTH ENGLISH AND SPANISH THESE PUBLIC POSTINGS ARE LOCATED IN THE AREAS LISTED BELOW - ADMITTING REGISTRATION SITE I - ADMITTING REGISTRATION SITE II - ADMITTING REGISTRATION LAB - ADMITTING REGISTRATION PRE OPERATIVE UNIT - CASHIERS OFFICE - ADMITTING SOUTH REGISTRATION - ADMITTING WOMEN'S CENTER REGISTRATION - ADMITTING EMERGENCY REGISTRATION - OFF-SITE INSURANCE VERIFICATION - CONTRACTS BILLING SUITE 120 AND 160 - BUSINESS SERVICES SYSTEMS - GOVERNMENT AND PATIENT BILLING FINANCIAL COUNSELING - EMERGENCY SERVICES AN ELIGIBILITY LIAISON IS STAFFED IN THE EMERGENCY SERVICES DEPARTMENT AT TIMES WHEN HIGH VOLUMES ARE EXPECTED, SUNDAY THROUGH FRIDAY, 12 00 PM TO 10 30 PM, TO ASSIST OUR UNINSURED OR UNDERINSURED PATIENTS WITH POSSIBLE LINKS TO MEDI-CAL, THE STATE OF CALIFORNIA'S MEDICAID PROGRAM OR REFERRALS TO CHARITY ASSISTANCE - PRIOR TO ELECTIVE SERVICE FINANCIAL COUNSELORS FROM OUR INSURANCE VERIFICATION DEPARTMENT ARE AVAILABLE TO MEET WITH PATIENTS PRIOR TO RENDERING MEDICAL SERVICES TO DISCUSS POSSIBLE LINKS TO GOVERNMENT PROGRAMS SUCH AS MEDI-CAL, HEALTHY FAMILIES, MEDICARE OR OTHER FINANCIAL ASSISTANCE PROGRAMS OFFERED BY PVHMC FINANCIAL COUNSELORS MAY REFER PATIENTS TO PVHMC'S ELIGIBILITY SERVICES DEPARTMENT FOR ASSISTANCE IN APPLYING FOR GOVERNMENT PROGRAMS FINANCIAL COUNSELORS ALSO DISTRIBUTE AND ASSIST PATIENTS IN COMPLETING THE UNCOMPENSATED CARE APPLICATION FOR THOSE PATIENTS WHO HAVE THE ABILITY TO PAY, FINANCIAL OPTIONS ARE DISCUSSED AND PAYMENT ARRANGEMENTS ARE ESTABLISHED - DURING A PATIENT'S CONFINEMENT FINANCIAL COUNSELORS ARE ALSO ASSIGNED TO ALL UNINSURED OR UNDERINSURED PATIENTS ADMITTED TO PVHMC IF FINANCIAL COUNSELING DID NOT OCCUR IN ADVANCE OF THE ADMISSION OR DURING THE EMERGENCY VISIT THE FINANCIAL COUNSELOR PROVIDES THE SAME LEVEL OF SERVICE TO THESE PATIENTS AS DESCRIBED ABOVE UNDER "PRIOR TO ELECTIVE SERVICE " ELIGIBILITY SERVICES PATIENTS MAY BE REFERRED TO OUR ELIGIBILITY SERVICES TEAM WHO ASSIST OUR PATIENTS WITH LINKS TO MEDI-CAL AND THE HEALTH FAMILIES PROGRAMS THE ELIGIBILITY SERVICES REPRESENTATIVES ASSIST THE PATIENT IN COMPLETING THE PROGRAM APPLICATION(S) AND SUBMIT THE COMPLETED APPLICATION TO THE APPLICABLE PROGRAM ON BEHALF OF THE PATIENT IF THE PATIENT DOES NOT QUALIFY FOR MEDI-CAL OR THE HEALTHY FAMILIES PROGRAM, THE PATIENT IS PROVIDED INFORMATION REGARDING THE FOLLOWING ASSISTANCE PROGRAMS - ACCESS FOR INFANTS & MOTHERS (AIM) COVERS OBSTETRIC PATIENTS WHO ARE AT HIGHER INCOME LEVELS AND ARE NOT ELIGIBLE FOR MEDI-CAL - OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA) LOS ANGELES COUNTY PROGRAM FOR ADULTS WHO DO NOT QUALIFY FOR MEDI-CAL AND RESIDE WITHIN LOS ANGELES COUNTY - PUBLIC PRIVATE PARTNERSHIP PROGRAM (PPP ALSO KNOWN AS THE PCC PROGRAM) LOS ANGELES COUNTY PROGRAM FOR ADULTS WHO DO NOT QUALIFY FOR MEDI-CAL AND RESIDE WITHIN LOS ANGELES COUNTY IN POMONA AND SURROUNDING COMMUNITIES - MEDICALLY INDIGENT ADULT PROGRAM (MIA) FOR ADULTS WHO DO NOT QUALIFY FOR MEDI-CAL AND RESIDE WITHIN SAN BERNARDINO COUNTY BILLING FIRST PARTY LETTERS ARE GENERATED FROM THE PATIENT ACCOUNTING FINANCIAL SYSTEM AND MAILED TO EACH PATIENT/GUARANTOR IN AN EFFORT TO COLLECT MONIES OWED THE LETTERS PROVIDE THE PHONE NUMBER AND BUSINESS HOURS OF THE HOSPITAL'S BUSINESS OFFICE THE CUSTOMER SERVICE REPRESENTATIVES IN THE BUSINESS OFFICE ARE AVAILABLE TO DISCUSS THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAMS AND MAKE PAYMENT ARRANGEMENTS A CHARITY LIAISON IS ALSO AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION ENGLISH AS A SECOND LANGUAGE ALL FINANCIAL ASSISTANCE FORMS ARE AVAILABLE IN SPANISH IN ADDITION TO THE AVAILABILITY OF BILINGUAL STAFF IN ALL ADMITTING AND REGISTRATION AREAS, ELIGIBILITY SERVICES AND THE BUSINESS OFFICE THE STAFF IN ALL PATIENT ACCESS AND BILLING AREAS HAS BEEN TRAINED ON ACCESSING EXTERNAL INTERPRETATIVE SERVICES WHEN PATIENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AND SPANISH TRAINING IN DECEMBER 2007, ALL PATIENT ACCESS AND BILLING OFFICE STAFF WERE TRAINED ON THE REQUIREMENTS OF AB774 AND THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY THE STAFF IS UPDATED ON THE HOSPITAL'S POLICY ON AN AS NEEDED BASIS BEGINNING IN 2010, KEY PATIENT ACCESS STAFF AND PATIENT COLLECTION STAFF ARE UPDATED ON BOTH THE FINANCIAL ASSISTANCE AND CREDIT AND COLLECTION POLICIES AT LEAST ANNUALLY ANNUAL REVIEW OF FINANCIAL ASSISTANCE PROGRAM THE PATIENT FINANCIAL ASSISTANCE PROGRAM POLICY IS REVIEWED ANNUALLY FOR ANY SIGNIFICANT CHANGES TO THE DISCOUNT PAYMENT, CHARITY, ELIGIBILITY PROCEDURES AND REVIEW PROCESS THE BUSINESS OFFICE IS RESPONSIBLE FOR THE ELECTRONIC SUBMISSION OF THE APPROVED POLICY AND ANY APPLICABLE CHANGES TO OSHPD IN ACCORDANCE TO TITLE 22, SECTIONS 96040-96050

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	OUR MISSION - PVHMC IS A NOT-FOR-PROFIT REGIONAL MEDICAL CENTER DEDICATED TO PROVIDING HIGH QUALITY, COST EFFECTIVE HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER POMONA VALLEY THE MEDICAL CENTER OFFERS A FULL RANGE OF SERVICES FROM LOCAL PRIMARY ACUTE CARE TO HIGHLY SPECIALIZED REGIONAL SERVICE SELECTION OF ALL SERVICES IS BASED ON COMMUNITY NEED, AVAILABILITY OF FINANCING AND THE ORGANIZATION'S TECHNICAL ABILITY TO PROVIDE HIGH QUALITY RESULTS BASIC TO OUR MISSION IS OUR COMMITMENT TO STRIVE CONTINUOUSLY TO IMPROVE THE STATUS OF HEALTH BY REACHING OUT AND SERVING THE NEEDS OF OUR DIVERSE ETHNIC, RELIGIOUS AND CULTURAL COMMUNITY OUR PATIENTS- IN 2013, POMONA VALLEY HOSPITAL MEDICAL CENTER REGISTERED TOTAL 172,591 PATIENTS FOR SERVICES AMONG THOSE, 20,466 WERE INPATIENT ADMISSIONS, 85,689 WERE ED VISITS, AND 6,546 WERE DELIVERIES THE REMAINDER IS COMPRISED OF SURGERIES, OUTPATIENT VISITS, AND AMBULATORY SERVICES A TOTAL OF 82,825 PATIENTS IN 2013 WERE UNINSURED OR MEDI-CAL RECIPIENTS, REPRESENTING 48% OF OUR TOTAL PATIENT POPULATION OUR COMMUNITY - PVHMC IS DEDICATED TO MEETING THE HEALTH CARE DEMANDS OF THE GROWING POPULATIONS OF LOS ANGELES AND SAN BERNARDINO COUNTIES OUR PRIMARY SERVICE AREA IS DEFINED AS THE CITIES OF POMONA, CLAREMONT, CHINO, CHINO HILLS, LA VERNE, MONTCLAIR, ONTARIO, RANCHO CUCAMONGA, ALTA LOMA, UPLAND AND SAN DIMAS AND MAKE UP A POPULATION OF 840,789 ACCORDING TO THE OFFICE OF STATEWIDE HEALTH AND PLANNING 2012 DATA, POMONA EAST AND SOUTH ARE DESIGNATED AS A MEDICALLY UNDERSERVED AREA, SPECIFICALLY AS AN AREA WITH A PRIMARY CARE SHORTAGE AS A PRIVATE COMMUNITY SAFETY NET HOSPITAL, ALSO WITH THE DESIGNATION AS A DISPROPORTIONATE SHARE HOSPITAL ("DSH"), WE CARE FOR A GREATER POPULATION OF LOW-INCOME, MEDICALLY VULNERABLE PATIENTS THEY OFTEN REQUIRE AN INCREASED NEED OF ACCESSIBLE, HIGH QUALITY, AND COST-EFFECTIVE HEALTH CARE SERVICES WE DELIVER CARE TO ALL PATIENTS IN OUR ED, WITH OR WITHOUT INSURANCE BASED ON THE 2010 CENSUS, THE ETHNIC DIVERSITY OF POMONA IS SUCH THAT 48 0% ARE WHITE, 70 5% ARE HISPANIC OR LATINO, 7 3% ARE BLACK OR AFRICAN AMERICAN, 1 2% ARE AMERICAN INDIAN, 8 5% ARE ASIAN, 0 2% ARE HAWAIIAN OR PACIFIC ISLANDER, 30 3% IDENTIFY AS OTHER, AND 4 5% IDENTIFY AS TWO OR MORE RACES AMONG THIS POPULATION, ACCORDING TO THE 2006-2010 AMERICAN COMMUNITY SURVEY 5 YEAR ESTIMATES, RETRIEVED FROM THE CALIFORNIA DEPARTMENT OF FINANCE, POMONA'S MEDIAN HOUSEHOLD INCOME IS $50,497, WITH 17 2% OF FAMILIES LIVING BELOW THE FEDERAL POVERTY LEVEL EDUCATIONAL ATTAINMENT DATA WAS ALSO RETRIEVED FROM THE 2006-2010 ACS SURVEY, SHOWING 21 1% OF POMONA RESIDENT'S OVER THE AGE OF 25 HAVE LESS THAN A 9TH GRADE EDUCATION LEVEL, 15 7% HAVE COMPLETED LESS THAN 12TH GRADE, 26 0% HAVE A HIGH SCHOOL DIPLOMA, 6 1% HAVE AN ASSOCIATE'S DEGREE, 10 2% HAVE A BACHELOR'S DEGREE, AND 4 0% HAVE EARNED A GRADUATE OR PROFESSIONAL DEGREE MARKET SHARE - SEVERAL OTHER HOSPITALS SERVE OUR COMMUNITY THESE HOSPITALS ARE KAISER FOUNDATION HOSPITAL OF FONTANA, SAN ANTONIO COMMUNITY HOSPITAL, CHINO VALLEY MEDICAL CENTER, ARROWHEAD REGIONAL MEDICAL CENTER, MONTCLAIR HOSPITAL MEDICAL CENTER, LOMA LINDA UNIVERSITY MEDICAL CENTER, CANYON RIDGE HOSPITAL, KAISER FOUNDATION HOSPITAL OF BALDWIN PARK, COMMUNITY HOSPITAL OF SAN BERNARDINO, SAN DIMAS COMMUNITY HOSPITAL, AND CITRUS VALLEY HEALTH PARTNERS-QUEEN OF THE VALLEY CAMPUS
SCHEDULE H, PART VI, LINE 5	POMONA VALLEY HOSPITAL MEDICAL CENTER IS GOVERNED BY A BOARD OF DIRECTORS WHOSE MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP CONSISTENT WITH THE IRS "COMMUNITY BENEFIT STANDARD" A MAJORITY OF THE BOARD OF DIRECTORS ARE NEITHER EMPLOYEES, CONTRACTORS NOR FAMILY MEMBERS OF THE ORGANIZATION POMONA VALLEY HOSPITAL MEDICAL CENTER IS A COMMUNITY BASED DISPROPORTIONATE SHARE HOSPITAL IN ADDITION, WE PARTICIPATE IN MEDICARE, MEDICAL, CHAMPUS, AND TRICARE POMONA VALLEY HOSPITAL MEDICAL CENTER IS AN OPEN MEDICAL STAFF, EXTENDING STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL AREAS AND DEPARTMENTS OF OUR FACILITY POMONA VALLEY HOSPITAL MEDICAL CENTER IS HOME TO THE ONLY 24-HOURS-A-DAY, FULL SERVICE EMERGENCY DEPARTMENT (ED) IN POMONA OUR ED TREATS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, POMONA VALLEY HOSPITAL MEDICAL CENTER PROVIDES EMERGENCY SERVICES TO ALL PATIENTS WITH OR WITHOUT INSURANCE THE EMERGENCY DEPARTMENT'S DEDICATED STAFF IS EXPERIENCED IN PROVIDING PROMPT, ACCURATE DIAGNOSIS AND SKILLFUL MEDICAL TREATMENT THIS EXPERT TEAM INCLUDES BOARD-CERTIFIED EMERGENCY PHYSICIANS, PHYSICIAN ASSISTANTS, BOARD CERTIFIED NURSES, EMERGENCY MEDICAL TECHNICIANS, RESPIRATORY THERAPISTS AND OTHER HIGHLY TRAINED EMERGENCY CARE PROFESSIONALS ALL ARE DEDICATED TO PROVIDING TECHNOLOGICALLY ADVANCED, LIFESAVING MEDICAL SERVICES WITH COMPASSIONATE, CULTURALLY APPROPRIATE CARE A PART OF PVHMC'S MISSION IS OUR DEDICATION TO "CONTINUOUSLY STRIVE TO IMPROVE THE STATUS OF HEALTH BY REACHING OUT AND SERVING THE NEEDS OF OUR DIVERSE ETHNIC, RELIGIOUS AND CULTURAL COMMUNITY " PVHMC HAS PARTNERED IN INITIATIVES LIKE THE POMONA COMMUNITY HEALTH CENTER (PCHC) AND THE PORTABLE WELLNESS CLINIC THAT ALLOW THE HOSPITAL TO REACH OUT TO THE MEDICALLY UNDERSERVED LOCAL COMMUNITY

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	POMONA VALLEY HOSPITAL MEDICAL CENTER IS A STAND ALONE HOSPITAL, NOT PART OF A HEALTH CARE SYSTEM
SCHEDULE H, PART VI, LINE 7	CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 95-1115230
Name: POMONA VALLEY HOSPITAL MEDICAL CENTER

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	PVHMC Imaging Claremont 1601 Monte Vista Avenue CLAREMONT,CA 91711	DIAGNOSTIC CENTER
2	PVHMC Imaging Chino Hills 2140 Grand Avenue STE 125 CHINO HILLS,CA 91709	DIAGNOSTIC CENTER
3	PVHMC Milestone Physical Therapy Center 1775 Monte Vista Avenue Claremont,CA 91711	DIAGNOSTIC CENTER
4	PVHMC Covina OP Physical Therapy Clinic 420 W Rowland Street Covina,CA 91723	DIAGNOSTIC CENTER
5	PVHMC Physical Therapy Chino Hills 2140 Grand Avenue STE 125 Chino Hills,CA 91709	DIAGNOSTIC CENTER
6	Pomona Valley Health Center 1770 N Orange Grove POMONA,CA 91767	DIAGNOSTIC CENTER
7	PVHC Claremont Urgent Care 1601 Monte Vista Avenue CLAREMONT,CA 91711	DIAGNOSTIC CENTER
8	PVHC Crossroads Urgent Care 3110 Chino Avenue STE 150 CHINO HILLS,CA 91709	DIAGNOSTIC CENTER
9	PVHMC Physical Therapy Claremont 1601 Monte Vista Avenue Claremont,CA 91711	DIAGNOSTIC CENTER
10	PVHC Claremont Primary Care 1601 Monte Vista Avenue CLAREMONT,CA 91711	DIAGNOSTIC CENTER
11	PVHC Chino Hills 2140 Grand Avenue STE 125 Chino Hills,CA 91709	DIAGNOSTIC CENTER
12	PVHC Crossroads Primary Care 3110 Chino Avenue STE 150 CHINO HILLS,CA 91709	DIAGNOSTIC CENTER
13	PVHMC Imaging Crossroads 3110 Chino Avenue STE 150 CHINO HLLS,CA 91709	DIAGNOSTIC CENTER
14	Pomona Valley Imaging Center Grandview 13768 Roswell Avenue STE 103 CHINO HILLS,CA 91709	DIAGNOSTIC CENTER
15	Pomona Clinic Coalition Park Avenue POMONA,CA 91767	DIAGNOSTIC CENTER
16	PVHMC Imaging Western University 309 Pomona Mall POMONA,CA 91767	DIAGNOSTIC CENTER
17	PVHMC Claremont Aquatic Therapy Pool 481 S Indian Hill Blvd CLAREMONT,CA 91711	DIAGNOSTIC CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

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. Part II can be duplicated 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
(1) INTERNATIONAL ASSOCIATION FOR HUMAN VALUES 2401 25th Street NW WASHINGTON,DC 20009	52-2178069	501(c)(3)	20,000	0			PROGRAM SUPPORT
(2) CALIFORNIA HEALTH FOUNDATION & TRUST 1215 K STREET STE 800 SACRAMENTO,CA 95814	94-1498697	501(c)(3)	3,592,146	0			HOSPITAL FEE PROGRAM
(3) NATIONAL HEALTH FOUNDATION 515 S FIGUEROA ST LOS ANGELES,CA 90071	23-7314808	501(C)(3)	8,750				PROGRAM SUPPORT
(4) BRIGHT PROSPECT 281 S THOMAS STREET POMONA,CA 91766	52-2363234	501(C)(3)	9,500				PROGRAM SUPPORT

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

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

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. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	THE CALIFORNIA HOSPITAL FEE PROGRAM (THE PROGRAM) WAS SIGNED INTO LAW BY THE GOVERNOR OF CALIFORNIA AND BECAME EFFECTIVE ON JANUARY 1, 2010 THE HOSPITAL MADE PLEDGE PAYMENTS (GRANT) TO THE CALIFORNIA HEALTH FOUNDATION & TRUST TOTALING $3,592,146 IN CONJUNCTION WITH THIS PROGRAM NO MONITORING IS COMPLETED AFTER THE GRANT IS MADE POMONA VALLEY HOSPITAL MEDICAL CENTER CONFIRMED THAT THE ORGANIZATIONS RECEIVING GRANTS ARE 501(C)(3) ORGANIZATIONS AND IS CONFIDENT THAT THE GRANTS ARE BEING USED FOR PROPER PURPOSES AND TO FURTHER THE CHARITABLE PURPOSE OF THOSE ORGANIZATIONS ALTHOUGH NO FORMAL MONITORING IS DONE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	THE HOSPITAL HAS EMPLOYMENT CONTRACTS WITH MR YOCHUM AND MR NELSON THE CONTRACTS PROVIDE FOR A PAYMENT OF 5 24 FOR MR NELSON AND 4 77 FOR MR YOCHUM TIMES ANNUAL CASH COMPENSATION IF THE EXECUTIVE REMAINS EMPLOYED UNTIL THE END OF THE CONTRACT EMPLOYMENT REQUIREMENTS ARE 36 YEARS FOR MR YOCHUM AND 34 YEARS FOR MR NELSON IN THE EVENT OF VOLUNTARY TERMINATION OR TERMINATION FOR CAUSE, ALL BENEFITS UNDER THE CONTRACT ARE FORFEITED IN THE EVENT OF EARLY TERMINATION BECAUSE OF DEATH OR DISABILITY, A PRORATED BENEFIT WOULD BE PAID THE CONTRACT AFFIRMS THE THE BOARD OF DIRECTORS HAS THE RIGHT TO TERMINATE THE CONTRACT, WITH OR WITHOUT CAUSE, AT ITS DISCRETION, AND PROVIDES A FORMULA FOR CALCULATING THE SEVERANCE PAYMENT IN THE EVENT OF INVOLUNTARY TERMINATION ONCE THE EMPLOYEE HAS MET ALL VESTING REQUIREMENTS, AND THE AMOUNT IS NOT SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, THE AMOUNT IS INCLUDED IN OTHER REPORTABLE COMPENSATION (SCHEDULE J, PART II, B(III)) SCHEDULE J, PART II, COLUMN C INCLUDES DEFERRED COMPENSATION OF $165,463 FOR MR YOCHUM AND $35,301 FOR MR NELSON

Additional Data

Software ID:
Software Version:
EIN: 95-1115230
Name: POMONA VALLEY HOSPITAL MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RICHARD YOCHUM PRESIDENT/CEO	(I) (II)	572,998 0	115,000 0	12,464 0	185,863 0	23,100 0	909,425 0	0 0
CHRIS ALDWORTH ASST SEC/VP SATELLITE DIVISION	(I) (II)	213,199 0	33,372 0	10,039 0	17,569 0	32,074 0	306,253 0	0 0
MICHAEL NELSON TREASURER/SECRETARY/CFO	(I) (II)	383,508 0	75,704 0	306,741 0	55,701 0	23,069 0	844,723 0	246,881 0
JULI HESTER ASST TREASURER/VP FINANCE	(I) (II)	194,231 0	40,000 0	2,773 0	11,999 0	32,574 0	281,577 0	0 0
DARLENE SCAFFIDDI VP OF NURSING	(I) (II)	252,500 0	52,000 0	38,122 0	20,400 0	32,697 0	395,719 0	0 0
KENT HOYOS CIO	(I) (II)	281,634 0	58,000 0	3,628 0	15,300 0	32,450 0	391,012 0	0 0
KENNETH K NAKAMOTO VP MED STAFF AFF	(I) (II)	286,497 0	44,251 0	7,832 0	12,750 0	32,356 0	383,686 0	0 0
JAMES MCLDALE VP DEVELOPMENT	(I) (II)	216,485 0	31,200 0	14,113 0	14,000 0	23,125 0	298,923 0	0 0
RAY INGE VP HR & PAYROLL	(I) (II)	219,187 0	33,000 0	6,643 0	11,000 0	32,443 0	302,273 0	0 0
JOSEPH BAUMGARTNER DIRECTOR PT	(I) (II)	205,384 0	34,767 0	9,324 0	16,499 0	32,070 0	298,044 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGORY DALY	SEE PART V	124,360	COMPENSATION FOR SERVICES		No
(2) POMONA VALLEY IMAGING MED GRP	SEE PART V	463,524	COMPENSATION FOR SERVICES		No
(3) POMONA VALLEY IMAGING MED GRP	SEE PART V	690,785	PRINCIPAL & INT ON CAP LEASE		No
(4) PREMIER FAMILY MEDICINE	SEE PART V	6,822,325	COMPENSATION FOR SERVICES		No
(5) SAN GABRIEL VALLEY PERINATAL MED	SEE PART V	190,513	COMPENSATION FOR SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1	GREGORY DALY IS THE BROTHER OF DARLENE SCAFFIDDI, A KEY EMPLOYEE OF THE ORGANIZATION
SCHEDULE L, PART IV, LINES 2&3	PAUL REISCH, MD, A DIRECTOR OF THE ORGANIZATION'S BOARD, IS A GREATER THAN 5% OWNER OF POMONA VALLEY IMAGING MEDICAL GROUP
SCHEDULE L, PART IV, LINE 4	GREG DHALQUIST, MD, A DIRECTOR OF THE ORGANIZATION'S BOARD, IS A GREATER THAN 5% OWNER OF PREMIER FAMILY MEDICINE
SCHEDULE L, PART IV, LINE 5	HELLEN RODRIGUEZ, MD, A DIRECTOR OF THE ORGANIZATION'S BOARD, IS A GREATER THAN 5% OWNER OF SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	1	0	NONE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE AMOUNTS IN COLUMN B REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 25	MEDICAL SUPPLIES & EQUIPMENT WERE DONATED TO THE HOSPITAL BY THE POMONA VALLEY HOSPITAL MEDICAL CENTER FOUNDATION, A RELATED ORGANIZATION THE DONATION WAS NOT RECORDED ON THE HOSPITAL'S BOOKS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

Return Reference	Explanation
FORM 990, PART I, LINE 1	POMONA VALLEY HOSPITAL MEDICAL CENTER IS A NOT-FOR-PROFIT, REGIONAL MEDICAL CENTER DEDICATED TO PROVIDING HIGH QUALITY, COST EFFECTIVE HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER POMONA VALLEY SEE SCHEDULE O FOR MORE INFORMATION FORM 990, PART III, LINE 1 OUR MISSION - POMONA VALLEY HOSPITAL MEDICAL CENTER ("PVHMC") IS A NOT-FOR-PROFIT REGIONAL MEDICAL CENTER DEDICATED TO PROVIDING HIGH QUALITY, COST EFFECTIVE HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER POMONA VALLEY THE MEDICAL CENTER OFFERS A FULL RANGE OF SERVICES FROM LOCAL PRIMARY ACUTE CARE TO HIGHLY SPECIALIZED REGIONAL SERVICE SELECTION OF ALL SERVICES IS BASED ON COMMUNITY NEED, AVAILABILITY OF FINANCING AND THE ORGANIZATION'S TECHNICAL ABILITY TO PROVIDE HIGH QUALITY RESULTS BASIC TO OUR MISSION IS OUR COMMITMENT TO STRIVE CONTINUOUSLY TO IMPROVE THE STATUS OF HEALTH BY REACHING OUT AND SERVING THE NEEDS OF OUR DIVERSE ETHNIC, RELIGIOUS AND CULTURAL COMMUNITY OUR VISION - PVHMC'S VISION IS TO BE THE REGION'S MOST RESPECTED AND RECOGNIZED MEDICAL CENTER AND MARKET LEADER IN THE DELIVERY OF QUALITY HEALTH CARE SERVICES, BE THE MEDICAL CENTER OF CHOICE FOR PATIENTS AND FAMILIES BECAUSE THEY KNOW THEY WILL RECEIVE THE HIGHEST QUALITY CARE AND SERVICES AVAILABLE ANYWHERE, BE THE MEDICAL CENTER WHERE PHYSICIANS PREFER TO PRACTICE BECAUSE THEY ARE VALUED CUSTOMERS AND TEAM MEMBERS SUPPORTED BY EXPERT HEALTH CARE PROFESSIONALS, THE MOST ADVANCED SYSTEMS, AND STATE-OF-THE-ART TECHNOLOGY, BE THE MEDICAL CENTER WHERE HEALTH CARE WORKERS CHOOSE TO WORK BECAUSE PVHMC IS RECOGNIZED FOR EXCELLENCE, INITIATIVE IS REWARDED, SELF-DEVELOPMENT IS ENCOURAGED, AND PRIDE AND ENTHUSIASM IN SERVING CUSTOMERS ABOUNDS, BE THE MEDICAL CENTER BUYERS DEMAND (EMPLOYERS, PAYORS, ETC) FOR THEIR HEALTH CARE SERVICES BECAUSE THEY KNOW WE ARE THE PROVIDER OF CHOICE FOR THEIR BENEFICIARIES AND THEY WILL RECEIVE THE HIGHEST VALUE FOR THE BENEFIT DOLLAR, AND, BE THE MEDICAL CENTER THAT COMMUNITY LEADERS, VOLUNTEERS AND BENEFACTORS CHOOSE TO SUPPORT BECAUSE THEY GAIN SATISFACTION FROM PROMOTING AN INSTITUTION THAT CONTINUOUSLY STRIVES TO MEET THE HEALTH NEEDS OF OUR COMMUNITIES, NOW AND IN THE FUTURE OUR COMMUNITY - PVHMC IS LOCATED IN LOS ANGELES COUNTY SERVICE PLANNING AREA 3 (SPA3) AND IS DEDICATED TO MEETING THE HEALTH CARE DEMANDS OF THE GROWING POPULATIONS OF BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES OUR PRIMARY SERVICE AREA IS DEFINED AS THE CITIES OF POMONA, CLAREMONT, CHINO, CHINO HILLS, LA VERNE, MONTCLAIR, ONTARIO, RANCHO CUCAMONGA, ALTA LOMA, UPLAND AND SAN DIMAS AND MAKE UP A POPULATION OF 840,789 OUR SECONDARY SERVICE AREA INCLUDES ADDITIONAL SURROUNDING CITIES IN SAN GABRIEL VALLEY AND WESTERN SAN BERNARDINO COUNTY IN 2010 AS DERIVED FROM THE STATISTICS REPORTED BY THE U S CENSUS BUREAU, THE ETHNIC DIVERSITY REPRESENTED BY THE DEMOGRAPHICS OF THE CITY OF POMONA WAS SUCH THAT 33 6% IS HISPANIC OR LATINO, 14 4% IS WHITE, 7 3% IS BLACK/AFRICAN-AMERICAN, 8 5% IS ASIAN, 1 2% IS AMERICAN INDIAN, 0 2% HAWAIIAN/PACIFIC ISLANDER, 30 3% IS OTHER, AND 4 5% IS TWO OR MORE RACES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EXECUTIVE SUMMARY - POMONA VALLEY HOSPITAL MEDICAL CENTER (PVHMC) IS A 437-BED, FULLY ACCR EDITED, ACUTE CARE HOSPITAL SERVING EASTERN LOS ANGELES AND WESTERN SAN BERNARDINO COUNTIE S FOR OVER A CENTURY, PVHMC HAS BEEN COMMITTED TO SERVING OUR COMMUNITY AND PLAYS AN ESSE NTIAL ROLE AS A SAFETY-NET PROVIDER AND TERTIARY REFERRAL FACILITY FOR THE REGION OUR ORG ANIZATIONAL STRUCTURE - PVHMC IS GOVERNED BY A BOARD OF DIRECTORS WHOSE MEMBERS ARE REPRES ENTATIVE OF THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP A NATIONALLY RECOGNIZED, NOT-FOR-PROFIT FACILITY, THE HOSPITAL'S SERVICES INCLUDE CENTERS OF EXCELLENCE IN CANCER CARE, CARDIAC AND VASCULAR CARE, WOMEN'S AND CHILDREN'S SERVICES, AND KIDNEY STONES SPECI ALIZED SERVICES INCLUDE CENTERS FOR BREAST HEALTH, SLEEP DISORDERS, A NEONATAL ICU, A PERI NATAL CENTER, PHYSICAL THERAPY/SPORTS MEDICINE, A FULL-SERVICE EMERGENCY DEPARTMENT WHICH INCLUDES OUR LOS ANGELES COUNTY AND SAN BERNARDINO COUNTY STEMI-RECEIVING CENTER DESIGNATI ON, ROBOTIC SURGERY, AND THE FAMILY MEDICINE RESIDENCY PROGRAM AFFILIATED WITH UCLA SATEL LITE CENTERS IN CHINO HILLS, CLAREMONT, COVINA, AND POMONA PROVIDE A WIDE RANGE OF OUTPATI ENT SERVICES INCLUDING PHYSICAL THERAPY, URGENT CARE, RADIOLOGY AND OCCUPATIONAL HEALTH A LONG WITH BEING NAMED ONE OF THOMSON REUTERS 50 TOP CARDIOVASCULAR HOSPITALS IN THE NATION (2011), THE JOINT COMMISSION HAS GIVEN PVHMC THE GOLD SEAL OF APPPROVAL FOR CERTIFICATION AS A PRIMARY STROKE CENTER FOR LOS ANGELES COUNTY, DEMONSTRATING WHAT WE HAVE BEEN DOING A LL ALONG - PROVIDING QUALITY CARE AND SERVICES IN THE HEART OF OUR COMMUNITY AS A COMMUNI TY HOSPITAL, WE CONTINUOUSLY REFLECT UPON OUR RESPONSIBILITY TO PROVIDE HIGH-QUALITY HEALT HCARE SERVICES, ESPECIALLY TO OUR MOST VULNERABLE POPULATIONS IN NEED, AND TO RENEW OUR CO MMITMENT WHILE FINDING NEW WAYS TO FULFILL OUR CHARITABLE PURPOSE PART OF THAT COMMITMENT IS SUPPORTING ADVANCED LEVELS OF TECHNOLOGY AND PROVIDING APPROPRIATE STAFFING, TRAINING, EQUIPMENT, AND FACILITIES PVHMC WORKS VIGOROUSLY TO MEET OUR ROLE IN MAINTAINING A HEALT HY COMMUNITY BY IDENTIFYING HEALTH-RELATED PROBLEMS AND DEVELOPING WAYS TO ADDRESS THEM I N 2013, IN COMPLIANCE WITH SECTION 501(R)(3) OF THE INTERNAL REVENUE CODE, CREATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (2010), A COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED THIS ASSESSMENT IS INTENDED TO BE A RESOURCE FOR PVHMC IN THE DEVELOPMENT OF A CTIVITIES AND PROGRAMS THAT CAN HELP IMPROVE AND ENHANCE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF POMONA VALLEY IN RESPONSE TO THE ASSESSMENT'S FINDINGS, AN IMPLEMENTATION ST RATEGY WAS DEVELOPED TO OPERATIONALIZE THE INTENT OF PVHMC'S COMMUNITY BENEFIT PLAN INITIA TIVES THROUGH DOCUMENTED GOALS, PERFORMANCE MEASURES, AND STRATEGIES PVHMC DEMONSTRATES I TS PROFOUND COMMITMENT TO ITS LOCAL COMMUNITY AND HAS WELCOMED THIS OCCASION TO FORMALIZE OUR COMMUNITY BENEFIT PLAN AND IMPLEMENTATION STRATEGY OUR COMMUNITY IS CENTRAL TO US AND IT IS REPRESENTED IN ALL OF THE WORK WE DO PVHMC HAS SERVED THE POMONA VALLEY FOR 110 YE ARS, AND WE VALUE MAINTAINING THE HEALTH OF OUR COMMUNITY COMMUNITY NEEDS ASSESSMENT - IN 2013, A COMMUNITY NEEDS ASSESSMENT WAS COMPLETED THE ASSESSMENT IS INTENDED TO BE A RESO URCE FOR PVHMC TO BECOME INVOLVED WITH DEVELOPING AND MAINTAINING ACTIVITIES AND PROGRAMS THAT CAN HELP IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF POMONA VALLEY THE COM MUNITY NEEDS ASSESSMENT PROCESS INCLUDED PRIMARY AND SECONDARY DATA COLLECTION, INCLUDING VALUABLE COMMUNITY, STAKEHOLDER, AND PUBLIC HEALTH INPUT THAT WAS EXAMINED TO PRIORITIZE T HE MOST CRITICAL NEEDS OF OUR COMMUNITY AND SERVE AS THE BASIS FOR OUR COMMUNITY BENEFIT P LAN INITIATIVES AND IMPLEMENTATION STRATEGY PVHMC PARTNERED WITH CALIFORNIA STATE UNIVERS ITY SAN BERNARDINO'S INSTITUTE OF APPLIED RESEARCH TO CONDUCT 323 COMMUNITY MEMBER SURVEYS THE RESEARCH OBJECTIVES WERE TO LOOK AT THE DEMOGRAPHIC PROFILE OF THE COMMUNITY, HEALTH INSURANCE COVERAGE, HEALTH ACCESS BARRIERS, UTILIZATION OF HEALTH CARE SERVICES FOR ROUTI NE PRIMARY/PREVENTATIVE CARE, UTILIZATION OF URGENT CARE SERVICES, NEED FOR SPECIALTY HEAL TH CARE AND EXPERIENCE WITH PVHMC INCLUDING CLASSES, SUPPORT GROUPS, AND THE EMERGENCY DEP ARTMENT IN THE 2013 FINDINGS, OUT OF 138 RESPONSES, 99 (OR 73 3%) OF THE PATIENTS WHO VIS ITED THE EMERGENCY DEPARTMENT (ED) SAID THEY DID NOT TRY TO SEE THEIR DOCTOR BEFORE GOING TO THE ED THE MAIN REASONS GIVEN FOR NOT TRYING TO SEE THEIR DOCTOR FIRST WERE BECAUSE IT WAS AFTER HOURS (32 OR 36%), IT WAS AN EMERGENCY SITUATION (22 OR 24 7%), OR THEY WERE BR OUGHT BY AMBULANCE (15 OR 16 9%) MORE PATIENTS USED THE ED WHEN IT SEEMED APPROPRIATE AS IT RELATED TO THE DAY AND TO THE EXTENT OF THE EMERGENCY COMPARED TO PVHMC'S PREVIOUS COMM UNITY NEEDS ASSESSMENT WE ARE DOING A BETTER JOB OF INFORMING OUR COMMUNITIES OF THE DIFF ERENCES BETWEEN EMERGENT SITUATIONS AND WHAT CAN WAIT FOR A VISIT WITH THEIR PRIMARY CARE PHYSICIAN, AND THE USE OF URGENT CARE SERVICES IN

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	FORM 990, PART III, LINE 4A	ADDITION, WE CAN DO MORE TO MAKE USE OF OUR PRIMARY CARE AND URGENT CARE SERVICES TO MEET THE NEEDS OF OUR COMMUNITY AND OFFLOAD A LARGE PROPORTION OF THE PRESSURE ON OUR EMERGENC Y DEPARTMENT AS A PRIVATE COMMUNITY SAFETY NET HOSPITAL, ALSO WITH THE DESIGNATION AS A D ISPROPORTIONATE SHARE HOSPITAL ("DSH"), WE CARE FOR A GREATER POPULATION OF LOW-INCOME, ME DICALLY VULNERABLE PATIENTS THEY OFTEN REQUIRE AN INCREASED NEED OF ACCESSIBLE, HIGH QUAL ITY, AND COST-EFFECTIVE HEALTH CARE SERVICES WE DELIVER CARE TO ALL PATIENTS IN OUR ED, W ITH OR WITHOUT INSURANCE. THE NECESSITY TO IMPROVE AND BUILD UPON THE EFFICIENCY OF OUR ED IS CRITICAL FOR PVHMC IN ORDER FOR US TO KEEP UP WITH THE GROWING DEMANDS BEING PLACED UP ON OUR SYSTEM EVERY DAY THE 2013 COMMUNITY NEEDS ASSESSMENT FURTHER REVEALED THE NEED FOR SPECIALTY HEALTHCARE. RESPONDENTS WERE GIVE A LIST OF VARIOUS CHRONIC OR ONGOING HEALTH C ONDITIONS AND ASKED IF THEY OR ANY MEMBER OF THEIR FAMILY HAVE ANY OF THE CONDITIONS IN T OTAL, 59 0% OF RESPONDENTS ANSWERED "YES" TO HAVING CHRONIC OR ONGOING HIGH BLOOD PRESSURE CONDITIONS, 31 5% WITH DIABETES, 19 0% WITH ASTHMA, 14 5% WITH CANCER, 14 0% WITH OBESITY , 14 0% WITH OSTEOPOROSIS, 5 5 % WITH CHRONIC HEART FAILURE, AND 16 0% STATED THEY HAVE OT HER ONGOING HEALTH CONDITIONS UNDERSTANDING THE NEED FOR COMMUNITY HEALTH STATUS IMPROVEM ENT, A FOCUS OF OUR 2014 COMMUNITY BENEFIT PLAN IS IN MAKING THE COMMUNITY MORE AWARE OF T HE PROGRAMS, CLASSES AND SUPPORT GROUPS OFFERED BY THE HOSPITAL TO HELP PREVENT, MANAGE, O R IMPROVE HEALTH OUTCOMES FOR THOSE AT RISK OR LIVING WITH CHRONIC DISEASE OR ILLNESS NUT RITION (8 7%), DIABETES (7 3%), OBESITY AND WEIGHT LOSS (6 4%), HIGH BLOOD PRESSURE (5 5%) AND CANCER CARE (5 5%) WERE THE MOST REQUESTED HEALTH CLASSES DURING OUR NEEDS ASSESSMENT THE HOSPITAL CURRENTLY PROVIDES MANY OF THE CLASSES THE RESPONDENTS WERE INTERESTED IN, THEREFORE WE ARE DEDICATED TO PROVIDING GREATER COMMUNICATION ABOUT THE AVAILABILITY OF TH ESE EXISTING RESOURCES THE 2013 COMMUNITY NEEDS ASSESSMENT ALSO EXAMINED COMMUNITY UTILIZ ATION OF PRIMARY AND PREVENTATIVE CARE SERVICES AS WELL AS BARRIERS TO RECEIVING NEEDED CA RE. IN TOTAL, 79 6% OF RESPONDENTS HAD VISITED THEIR PRIMARY DOCTOR WITHIN THE PAST YEAR A ND 85 6% SAID THEIR CHILDREN HAD VISITED A PARIMARY DOCTOR WITHIN THE PAST YEAR THIS MEAN S THAT 20 4% OF ADULTS AND 12 6% OF CHILDREN DID NOT RECEIVE PRIMARY OR PREVENTATIVE CARE SERVICES AMONG RESPONDANTS, 10 2% SAID THEY NEEDED SERVICES LAST YEAR THAT THEY COULD NOT GET BARRIERS TO RECEIVING NEEDED CARE INCLUDED COST AND/OR COPAYMENTS (39 4%) AND LACK O F INSURANCE COVERAGE (15 2%) SERVICES THAT RESPONDENTS SAID THEY NEEDED WERE SURGERY, DEN TAL, OB/GYN, CAT SCANS/X-RAYS, PRESCRIPTIONS, GENERAL CHECKUPS, OPTOMETRY/OPHTHALMOLOGY, M OBILITY DEVICES (SUCH AS WHEELCHAIRS, SCOOTERS, AND WALKERS), AND OTHER SERVICES FOR CHILD REN PVHMC WORKS TO MEET THESE NEEDS OF OUR COMMUNITY MEMBERS WHO ARE UNABLE TO GET NEEDED RESOURCES TO SOCIOECONOMIC AND ENVIRONMENTAL BARRIERS, PROVIDING FREE, LOW-COST, OR REDUC ED-COST HEALTH SERVICES SUCH AS IMMUNIZATIONS, MAMMOGRAMS, MEDICATIONS, AND MEDICAL DEVICE S, AMONG OTHERS

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	THE 2013 COMMUNITY NEEDS ASSESSMENT ALSO INCLUDED INPUT FROM LOS ANGELES	COUNTY SPA 3 AND SPA 4 PUBLIC HEALTH OFFICER CHRISTIN MONDY IN A TELEPHONE INTERVIEW COND UCTED ON AUGUST 28, 2013, PVHMC RESEARCH OBJECTIVES INCLUDED IDENTIFY ING PUBLIC HEALTH CON CERNS, BARRIERS TO CARE, RECOMMENDATIONS FOR COMMUNITY BENEFIT PROGRAMS, AND RECOMMENDATIO NS FOR COLLABORATION IN THE COMMUNITY PUBLIC HEALTH NEEDS IDENTIFIED INCLUDED PHY SICAL FI TNESS AND NUTRITION NEEDS, HIGH INCIDENCE OF DIABETES, SUBSTANCE ABUSE, CONCERNS FOR SAFET Y IN THE COMMUNITY AS IT RELATES TO PHY SICAL ACTIVITY AMONG CHILDREN, HOMELESSNESS, AND LA CK OF ROUTINE PRVENTATIVE CARE. PUBLIC HEALTH RECOMMENDATIONS FOR COLLABORATION AND IMPLEM ENTATION OF COMMUNITY BENEFIT PROGRAMS INCLUDED INCREASING COMMUNICATION OF AVAILABLE EDUC ATION AND CLASSES OFFERED AT PVHMC, PROVIDING PROGRAMS FOR HEALTHY FOOD AND NUTRITION EDUC ATION, AND PROVIDING DIABETES EDUCATION AND MANAGEMENT RESOURCES SIGNIFICANT HEALTH NEEDS IDENTIFIED IN OUR 2013 COMMUNITY NEEDS ASESSMENT WERE CARDIOVASCULAR HEALTH, DIABETES, CA NCER, NEED FOR WELLNESS SUPPORT AND HEALTH EDUCATION, SUBSTANCE ABUSE NEEDS, OBESITY AND P HY SICAL ACTIVITY, ACCESS TO HEALTHCARE, MENTAL HEALTH AND DENTAL SERVICES PVHMC PRIORITIZ ED THESE NEEDS INTO THREE OVERARCHING THEMES AS A FRAMEWORK FOR PVHMC TO ORGANIZE, MAINTAI N, AND IMPLEMENT COMMUNITY BENEFIT PROGRAMS AND SERVICES - CHRONIC DISEASE MANAGEMENT, HEA LTHY LIFESTYLE SUPPORT, AND ACCESS TO CARE. OF THE PRIORITY HEALTH NEEDS IDENTIFIED THROUG H OUR NEEDS ASSESSMENT, PVHMC EVALUATED ITS CAPACITY TO SERVE THE MENTAL HEALTH, SUBSTANCE ABUSE, AND DENTAL HEALTH NEEDS OF OUR COMMUNITY PVHMC DOES NOT HAVE DENTAL PROVIDERS ON STAFF TO PERFORM ROUTINE DENTAL PROCEDURES, AND DOES NOT HAVE A LICENSED PSY CHIATRIC FACIL ITY - OR THE CAPACITY - TO PROVIDE INPATIENT AND OUTPATIENT SUBSTANCE ABUSE TREATMENT WHI LE PVHMC HAS SOME SERVICES IN PLACE TO ASSIST WITH MENTAL HEALTH AND SUBSTANCE ABUSE, SUCH AS EMERGENT PSY CHIATRIC CONSULTATIONS, MENTAL HEALTH REFERRALS, AND SMOKING CESSATION EDU CATION, IT WAS DETERMINED THAT THIS CRITICAL NEED IS BEST SERVED BY OTHERS ACCORDINGLY, P VHMC WILL CONTINUE TO SUPPORT TRI-CITY MENTAL HEALTH, RECUPERATIVE CARE, THE DEPARTMENT OF MENTAL HEALTH, AND OTHER COMMUNITY BASED ORGANIZATIONS THAT PROVIDE THESE SERVICES PVHMC WILL NOT ADDRESS SUBSTANCE ABUSE, MENTAL HEALTH, AND DENTAL HEALTH NEEDS IN OUR IMPLEMENT ATION STRATEGY COMMUNITY HEALTH NEEDS WERE DETERMINED TO BE SIGNIFICANT THROUGH EVALUATIO N OF PRIMARY AND SECONDARY DATA, WHEREBY THOSE IDENTIFIED HEALTH NEEDS WERE PRIORITIZED BA SED UPON (1) COMMUNITY RESPONDENTS AND KEY INFORMANTS IDENTIFIED THE NEED TO BE SIGNIFICA NT, OR LARGELY REQUESTED SPECIFIC SERVICES THAT THEY WOULD LIKE TO SEE POMONA VALLEY HOSPI TAL MEDICAL CENTER PROVIDE IN THE COMMUNITY (2) FEASIBILITY OF PROVIDING INTERVENTIONS FOR THE UNMET NEED IDENTIFIED IN THE COMMUNITY, IN SUCH THAT POMONA VALLEY HOSPITAL MEDICAL C ENTER CURRENTLY HAS, OR HAS THE CURRENT MEANS OF DEVELOPING THE RESOURCES TO MEET THE NEED , AND (3) ALIGNMENT BETWEEN THE IDENTIFIED HEALTH NEED AND POMONA VALLEY HOSPITAL MEDICAL CENTER'S MISSION, VISION, AND STRATEGIC PLAN IMPLEMENTATION STRATEGY - THE 2014 COMMUNITY BENEFIT PLAN AND IMPLEMENTATION STRATEGY REFLECTS OUR COMMITMENT TO MEET THE NEEDS OF OUR COMMUNITY, AS THE MAJORITY OF OUR SERVICES ARE TIED INTO PROVIDING INFORMATION AND EDUCAT ION TO THE COMMUNITY REGARDING AVAILABILITY AND ACCESSIBILITY TO HEALTH AND SOCIAL SERVICE S BY FOSTERING GREATER COORDINATION AND COLLABORATION AMONG LOCAL SERVICE PROVIDERS, WE A RE ABLE TO CONTINUE TO OFFER COMPREHENSIVE MEDICAL SERVICES AND PROGRAMS TO A LARGE COMMUN ITY OUR SERVICES SHOW HOW THE COMMUNITY'S NEEDS DRIVE THE CONCEPTION AND ESTABLISHMENT OF THE SERVICES WE PROVIDE AND CONTRIBUTE TO ITS GROWTH AND IMPROVEMENT EVERY ACTIVITY AND PROGRAM IS BUDGETED TO MANAGE THE USE OF AVAILABLE RESOURCES OUR COMMITMENT TO THESE VITA L SERVICES IS DEMONSTRATED THROUGH THE CONCERTED EFFORTS OF EACH DEPARTMENT TO ENSURE THAT ESSENTIAL SERVICES CONTINUE TO BE PROVIDED TO THE COMMUNITY PVHMC DEMONSTRATES ITS PROFO UND COMMITMENT TO ITS LOCAL COMMUNITY, BOTH HISTORICALLY AND ON A CONTINUING BASIS PVHMC HAS WELCOMED THIS OCCASION TO FORMALIZE, ENHANCE AND DOCUMENT THE MULTITUDE OF COMMUNITY B ENEFIT INITIATIVES AND PROGRAMS IN WHICH THE HOSPITAL IS IMMERSED OUR COMMUNITY IS CENTRA L TO US, AND IT IS REPRESENTED IN ALL OF THE WORK WE DO PVHMC HAS SERVED THE POMONA VALLE Y FOR OVER 100 YEARS, AND WE VALUE MAINTAINING THE HEALTH OF OUR COMMUNITY BY PROVIDING AC CESSIBLE, HIGH QUALITY MEDICAL CARE. COMMUNITY BENEFIT PLAN FOCUS STUDY UPDATE, 2013 - POM ONA VALLEY HOSPITAL'S VAST EFFORTS TO PROMOTE COMMUNITY HEALTH DEMONSTRATES OUR WORK TO AD DRESS THE SIGNIFICANT NEEDS IDENTIFIED IN OUR COMMUNITY NEEDS ASSESSMENT, SPECIFICALLY PVH MC PRIORITIZED NEEDS OF IMPROVING ACCESS TO CARE, PROVIDING HEALTH EDUCATION AND WELLNESS SUPPORT, AND MANAGING AND PREVENTING CHRONIC DISEASES LIKE HIGH BLOOD PRESSURE, HEART FAIL URE, DIABETES, AND CANCER THESE ARE THE ISSUES OU

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	THE 2013 COMMUNITY NEEDS ASSESSMENT ALSO INCLUDED INPUT FROM LOS ANGELES	R COMMUNITY NEEDS ASSESSMENT DEMONSTRATED AS THE BIGGEST HEALTH CONCERNS FOR OUR COMMUNITY WE ADDRESS AND ALLOCATE OUR RESOURCES TO SERVE THE NEED OF OUR ENTIRE COMMUNITY, FOCUSIN G ON THOSE THAT ARE AT RISK AND HAVE THE LEAST ACCESS TO THE NECESSARY SERVICES AND CARE N EEDED WE REACH OUT AND MEET OUR COMMUNITY'S NEED FOR CHRONIC DISEASE MANGEMENT, HEALTH ED UCATION AND WELLNESS SUPPORT, AND ACCESS TO CARE THROUGH -PROVIDING FREE AND PARTIAL PAYM ENT HOSPITAL SERVICES FOR THOSE WITHOUT THE ABILITY TO PAY OR LIMITED FINANCIAL RESOURCES -REACHING OUT TO OUR LOCAL SCHOOLS AND COMMUNITY GROUPS ON THE IMPORTANCE OF HEALTH LIVING -PROVIDING MEDICAL SERVICES IN UNDERSERVED AREAS THROUGH FREE AND COMMUNITY BASED CLINICS -PROVIDING VACCINATIONS AND SCREENINGS TO CHILDREN AND THE ELDERLY -TRAINING HEALTH PROFE SSIONALS LIKE FAMILY PRACTICE RESIDENTS AND NURSING STUDENTS IN ORDER TO MEET THE NEEDS OF THE FUTURE WE FURTHER DEMONSTRATE THE WAYS WE SERVE OUR COMMUNITY AS OUR COMMITMENT TO I MPROVING THEIR HEALTH STATUS BY PROVIDING SPECIFIC WAYS WE ARE ADDRESSING HEALTH NEEDS ON E MAJOR PUBLIC HEALTH CONCERN IN OUR COMMUNITY IS STROKE, A CARDIOVASCULAR DISEASE WITH NE UROLOGICAL SY MPTOMS AS THE 4TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND THE 2ND LE ADING CAUSE OF DEATH IN THE SAN GABRIEL VALLEY, PVHMC RECOGNIZED THAT OUR COMMUNITY WAS SI GNIFICANTLY UNDERSERVED WITH REGARD TO STROKE CARE, CARING FOR MORE THAN 500 STROKE PATIEN TS ANNUALLY BEGINNING IN 2009, THE LOS ANGELES COUNTY EMS AGENCY ESTABLISHED A "PRIMARY S TROKE CENTER" APPROACH TO TRANSPORTING PATIENTS, DIRECTING EMS PROVIDERS TO BYPASS LOCAL C OMMUNITY HOSPITALS AND TAKE STROKE VICTIMS TO PRIMARY STROKE CENTERS IN 2010, ONLY 13 PRI MARY STROKE CENTERS WERE RECOGNIZED BY LOS ANGELES COUNTY, AND THIS MEANT THAT THE RESIDEN TS OF POMONA VALLEY EXPERIENCING A STROKE WOULD BE TRANSPORTED MORE THAN THIRTY MILES WEST OF THE POMONA VALLEY, WITH TRANSPORT TIMES DURING PEAK COMMUTE TRAFFIC OF MORE THAN 60 MI NUTES THE COORDINATION OF CARE FOR SAN BERNARDINO COUNTY STROKE VICTIMS WAS EVEN MORE DIS MAL WITH VERY LIMITED SERVICES SPREAD ACROSS THE LARGEST COUNTY IN AMERICA UNDERSTANDING THAT THE CATCHMENT AREA BETWEEN PRIMARY STROKE CENTERS INCLUDES A POPULATION OF APPROXIMAT ELY 1 8 MILLION PEOPLE, PVHMC RECOGNIZED THAT THE RESIDENTS OF THE POMONA VALLEY WERE SIGN IFICANTLY UNDERSERVED AND BURDENED BY THE THREAT OF TRAVELING SUCH DISTANCE TO RECEIVE TRE ATMENT SEEKING TO REDUCE THE PREVALENCE OF STROKE, AND RECOGNIZING OUR VALUE OF ACCOUNTAB ILITY TO OUR COMMUNITY'S NEEDS, PVHMC DEVELOPED NUMEROUS QUALITY IMPROVEMENTS IN REGARDS T O STROKE CARE, AND IN 2011, RECEIVED THE GOLD SEAL OF APPROVAL AND CERTIFICATION BY THE JO INT COMMISSION AS A PRIMARY STROKE CENTER PRIMARY STROKE CENTER CERTIFICATION REFLECTS PV HMC'S COMMITMENT TO MEETING THE HEALTH NEEDS OF OUR COMMUNITY, AND MEANS OUR PATIENTS CAN RELY ON US TO PROVIDE THEM WITH HIGH-QUALITY STROKE CARE, COORDINATED FROM THE FIRST POINT OF CONTACT

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	POMONA VALLEY HOSPITAL MEDICAL CENTER DEVELOPED AND CONTINUES TO SUPPORT A	PRIMARY STROKE CENTER PROGRAM IMPLEMENTING CARE COORDINATION TO MEET THE NEEDS OF OUR COMM UNITY -CALL COVERAGE CONTRACT TO ADDRESS 24/7/365 RAPID AND TIMELY RESPONSE OF OUR NEUROL OGISTS -$172,500/YEAR CALL COVERAGE -CONDUCTED A MINIMUM OF 8 HOURS OF TRAINING FOR ALL NU RSING STAFF IN STROKE UNITS WITHIN THE HOSPITAL (OVER 300 NURSES) -$96,000 OF MANDATED TRA INING -MANDATED NATIONAL INSTITUTE OF HEALTH STROKE SCALE TRAINING AND CERTIFICATION OF AL L ED STAFF NURSES AND STROKE UNIT CHARGE NURSES (APPROX 150 NURSES) -$24,000 OF MAINTAINE D CERTIFICATION -PROVIDE ANNUAL PHYSICIAN CME/EDUCATIONAL FORUMS -$12,000/YEAR -DEVELOPED A STROKE COORDINATOR POSITION TO PROVIDE CARE COORDINATION, PROGRAM IMPLEMENTATION AND COM PLIANCE -$120,000/YEAR -PROVIDED COMMUNITY EDUCATION FORUMS, SYMPOSIUMS AND OUTREACH ANNUA LLY -$3,000/YEAR -DEVELOPED EDUCATIONAL AND OUTREACH MATERIAL TO EDUCATE THE COMMUNITY OF THE EARLY WARNING SIGNS OF STROKE -$15,000/YEAR -PROVIDED EMS AGENCY EDUCATION PROGRAMS -$ 7,000/YEAR -PRIMARY STROKE CENTER CERTIFICATION FEES -$5,000/ YEAR THE JOINT COMMISSION FE E -$20,000/YEAR SAN BERNARDINO PRIMARY STROKE CENTER DESIGNATION FEE MOVING INTO THE FUTUR E, PVHMC'S STEAD HEART AND VASCULAR CENTER IS IN PROCESS OF FURTHER EXPANDING THE STROKE P ROGRAM TO INCLUDE NEUROINTERVENTION THE ADDITION OF A NEUROINVENTIONALIST LAUNCHES PVHMC INTO COMPREHENSIVE STROKE CARE, AND UPON RECEIVING THIS DESIGNATION, PVHMC WILL BE ABLE TO PROVIDE OUR COMMUNITY WITH THE OPTION OF STAYING LOCALLY TO RECEIVE ALL STROKE-RELATED CA RE, PRE AND POST DISCHARGE, THEREFORE AVOIDING COSTLY TRANSFERS AND INVASIVE SURGERY ADDI TIONALLY, OUR COMPREHENSIVE APPROACH TO CARE WILL CONTINUE TO INCLUDE EDUCATION AND OUTREA CH SERVICES TO RAISE AWARENESS, AND THE ADDITION OF AN ESTABLISHED OUTPATIENT FOLLOW-UP CL INIC FOR TIA "WARNING STROKE" PATIENTS TO ENSURE THAT PATIENTS WHO HAVE SUFFERED A MINOR S TROKE MINIMIZE THEIR RISK OF A FUTURE STROKE ONCE CERTIFIED, PVHMC WILL BE THE ONLY COMPR EHENSIVE STROKE CENTER WITHIN 40 MILES OF OUR PRIMARY SERVICE AREA PVHMC RECOGNIZES THE I MPORTANCE OF EMERGENCY CARE SERVICES TO THE COMMUNITY AND WE ARE COMMITTED TO MEETING THE NEEDS OF OUR PATIENTS OUR HOSPITAL HAS LEARNED FROM EVALUATIONS OF THE ED THAT THE NECESS ITY TO IMPROVE AND BUILD UPON THE EFFICIENCY OF OUR ED IS CRITICAL IN ORDER TO KEEP UP WIT H THE GROWING DEMANDS BEING PLACED UPON OUR SYSTEM EVERY DAY IN 2009 AND AGAIN IN EARLY 2 013, OUR ED RECEIVED MODERATE COSMETIC RECONSTRUCTION THAT INCLUDED ADDITIONS TO OUR PATIE NT CARE AREAS THIS REMODEL LOGISTICALLY AIDED IN IMPROVING TIMELINESS OF TREATMENT AND ED FLOW, IN-TURN REDUCING WAIT TIMES AND INCREASING ACCESS TO CARE ADDITIONALLY, THE NEWLY REMODELED SPACE ELIMINATED BARRIERS AT THE NURSES' STATION AND INCREASED VISIBILITY OF OUR MEDICAL TEAM, IMPROVING PATIENT SATISFACTION AND ENHANCING PATIENT SAFETY AS A DESIGNATE D STEMI-RECEIVING CENTER (SRC) IN BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES, PVHMC BECA ME THE FIRST HOSPITAL IN THE REGION WITH DUAL-COUNTY DESIGNATION AN ACUTE HEART ATTACK CA USED BY BLOOD CLOTS IS CALLED AN ST-ELEVATED MYOCARDIAL INFARCTION, OR STEMI WITHOUT RAPI D ANGIOPLASTY, HEART MUSCLE IS PERMANENTLY DAMAGED IN ORDER TO QUALIFY FOR THIS DESIGNATI ON, HOSPITALS ARE REQUIRED TO PROVIDE ANGIOPLASTY TREATMENT IN LESS THAN 90 MINUTES CURRE NTLY, PVHMC AVERAGES 50-MINUTE DOOR-TO-BALLOON TIMES, RANKING IN THE TOP 5 PERCENT NATIONA LLY OUR ED HAS BEEN ENHANCED WITH ROUND-THE-CLOCK PHYSICIAN COVERAGE OF FULL-TIME LABORIS TS (HOSPITAL-BASED OBSTETRICS/GYNECOLOGY PHYSICIANS WHO DO DELIVERIES), A HOSPITALIST TEAM , AND A DEDICATED INTENSIVIST PROGRAM IN THE INTENSIVE CARE UNIT (ICU) A FULL SERVICE ED BACK-UP CALL PROVIDES ADEQUATE COVERAGE OF SPECIALISTS WHICH IS CRITICAL TO THE ABILITY OF THE HOSPITAL TO PROVIDE SPECIALTY MEDICINE TO PATIENTS THE CALIFORNIA EMERGENCY PHYSICIA N GROUP (CEP) AT POMONA VALLEY HOSPITAL MEDICAL CENTER HAS DEVELOPED AND PIONEERED A NUMBE R OF PROVEN BEST PRACTICES REFERRED TO COLLECTIVELY AS THE RAPID MEDICAL EVALUATION (RME) METHODOLOGY TO EXPEDITE ED CARE AND THROUGHPUT THIS ALLOWS THE PROVIDER TO EVALUATE THE P ATIENT AND BEGIN TREATMENT AS QUICKLY AS POSSIBLE IT ALLOWS FOR PARALLEL PROCESSING OF ED PATIENT, THUS IMPROVING OPERATIONAL EFFICIENCY, PATIENT FLOW, AND PATIENT'S SATISFACTION, WHILE DECREASING DIVERSION TIME AND ED OVERCROWDING GOALS OF THE RME PROGRAM INCLUDE -I NITIAL PROVIDER EVALUATION WILL OCCUR IMMEDIATELY UPON A PATIENT'S ARRIVAL, -ORDERS WILL B E INITIATED IMMEDIATELY, AND, -BED AVAILABILITY WILL NOT DELAY A PATIENT FROM SEEING A PRO VIDER IMMEDIATELY AS ED VOLUME CONTINUED TO INCREASE, THE ED HAS ADDED ADDITIONAL NURSING STAFF AS WELL AS ADDITIONAL PROVIDER (PHYSICIAN/PHYSICIAN ASSISTANT) COVERAGE TO HAVE A P ROVIDER IN TRIAGE DURING THE TIMES OF HEAVIEST PATIENT VOLUMES SHIFTS ARE FROM 10 00 AM T O 10 00 PM ALONG WITH THE PROGRESS WE HAVE MADE TO IMPROVE EMERGENCY CARE SERVICES ON OUR MAIN CAMPUS, AND RECOGNIZING THAT THE ED IS STILL

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	POMONA VALLEY HOSPITAL MEDICAL CENTER DEVELOPED AND CONTINUES TO SUPPORT A	A SOURCE OF PRIMARY HEALTH CARE FOR THE COMMUNITY, WE HAVE INCREASED ACCESS TO PRIMARY HE ALTH CARE SERVICES OUTSIDE OF THE HOSPITAL'S ED WE ADDRESSED THE NEED FOR ADDITIONAL ACCE SS THROUGH THE DEVELOPMENT OF OUR FAMILY MEDICINE RESIDENCY PROGRAM IN THE MID 1990'S TO H ELP ADDRESS THE LOOMING SHORTAGE IN PRIMARY CARE PROVIDERS OVER TIME, PVHMC AND THE RESID ENCY FACULTY MEDICAL GROUP WORKED TOGETHER TO PROVIDE ADDITIONAL ACCESS POINTS THROUGHOUT OUR COMMUNITY IN ADDITION TO THE POMONA BASED FAMILY HEALTH CENTER THROUGH THE RECRUITMEN T OF GRADUATING RESIDENTS WE OPENED AND STAFFED THE POMONA VALLEY HEALTH CENTER IN CHINO H ILLS (OPENED IN 2003, REPLACING A SMALLER OFFICE THAT HAD OPENED IN 1999), THE POMONA VALL EY HEALTH CENTER AT CROSSROADS (ALSO IN CHINO HILLS, OPENED IN 2007) AND THE POMONA VALLEY HEALTH CENTER IN CLAREMONT (OPENED IN 2009) IN TOTAL, THESE NETWORKED CENTERS OFFER FAMI LY MEDICINE, URGENT CARE, PHYSICAL THERAPY AND REHABILITATION, SLEEP MEDICINE, AND WIDE RA NGING IMAGING SERVICES THESE SITES ARE DIGITALLY CONNECTED THROUGH AN ELECTRONIC MEDICAL RECORD THAT ALLOWS ACCESS TO PATIENT HISTORY THROUGHOUT THE SY STEM

Return Reference	Explanation	
	ANOTHER PROJECT TO EXPAND ACCESS TO PRIMARY CARE SERVICES IN OUR COMMUNITY	IS THE GROWTH OF THE POMONA COMMUNITY HEALTH CENTER BEGINNING IN THE MID 1990'S, AND PART NERING WITH A GRADUATING FAMILY MEDICINE RESIDENT, THE HOSPITAL WORKED WITH LOS ANGELES CO UNTY AND OTHER COMMUNITY PARTNERS TO OPEN THE POMONA COMMUNITY HEALTH CENTER WITHIN THE L A COUNTY DEPARTMENT OF PUBLIC HEALTH THIS SMALL, TWO EXAM ROOM CLINIC, OFFERED FREE PRIM ARY CARE TO UNINSURED COUNTY RESIDENTS AS AN OUTPATIENT SERVICE OF THE HOSPITAL IN 2010, THE CLINIC AND HOSPITAL ORCHESTRATED A SUCCESSFUL SEPARATION OF THE CLINIC INTO ITS OWN NO T-FOR-PROFIT COMMUNITY CLINIC AND BEGAN A PROCESS THAT WOULD ALLOW IT TO BE ACCREDITED AS A FEDERALLY QUALIFIED HEALTH CENTER WHILE EMBARKING ON A CAPITAL GRANT CAMPAIGN TO ALLOW F OR EXPANSION TO BOTH ADD CAPACITY AND ALLOW FOR IT TO SERVE UN AND UNDERINSURED RESIDENTS OF SAN BERNARDINO COUNTY AS WELL IN OCTOBER OF 2011 THE PCHC RECEIVED THEIR FEDERAL DESIG NATION, AND A SUCCESSFUL CAPITAL CAMPAIGN HAS ALLOWED FOR THE RECENT COMPLETION AND FURNIS HING OF A 13-BED FEDERALLY QUALIFIED HEALTH CENTER THE NEW SITE IS LOCATED IN POMONA, IN A MULTI-SERVICES MALL OWNED BY THE POMONA UNIFIED SCHOOL DISTRICT, AND SITS A FEW HUNDRED YARDS FROM THE SAN BERNARDINO COUNTY LINE, ALLOWING FOR EASY ACCESS THE SITE IS SIZED TO PROVIDE A MEDICAL HOME THAT HAS THE CAPACITY FOR 25,000 ANNUAL PATIENT VISITS THAT WILL BE TARGETED FOR INCREASING ACCESS TO CARE FOR THE LOW INCOME COMMUNITY THE HOSPITAL CONTINU ES TO PROVIDE GAP OPERATIONAL FUNDING FOR THE PROGRAM IN THE FORM OF A COMMUNITY BENEFIT G RANT OF UP TO $1 5 MILLION PER YEAR SINCE THE OPENING OF THESE NEW SITES WE HAVE SEEN YEA R OVER YEAR GROWTH IN OUR PRIMARY CARE AND URGENT CARE BASE, DEMONSTRATING THAT THESE EFFO RTS ARE INCREASING ACCESS TO PRIMARY AND PREVENTATIVE CARE IN THE COMMUNITY IN ADDITION, THESE 29 URGENT CARE BEDS TO THE REGION HAVE HELPED RELIEVE PVHMC'S EMERGENCY ROOM BURDEN BY OFFERING A MORE DISEASE APPROPRIATE SETTING FOR MANY PRIMARY CARE NEEDS THE INTEGRATED PRIMARY CARE COMPONENTS, LICENSED AS COMMUNITY HEALTH CENTERS, ARE THEN AVAILABLE TO SERV E AS PRIMARY CARE HOMES FOR PATIENTS WHO MAY HAVE SEEN THE EMERGENCY ROOM AS THEIR PRIMARY SOURCE OF HEALTH CARE. COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS, 2013 THE EXAMPLES PRESE NTED IN THIS REPORT ARE INSIGHTS INTO PVHMC'S ACTIVE EFFORTS AND SPECIFIC PROGRAMS WE PROV IDE TO IMPROVE THE HEALTH STATUS OF RESIDENTS LIVING IN THE POMONA VALLEY COMMUNITY HEALT H IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS - MANY DEPARTMENTS AT PVHMC OFFER CLASSES AND SUPPORT GROUPS BOTH IN THE HOSPITAL AND OUT IN THE COMMUNITY IN WOMEN'S AND C HILDREN'S SERVICES, MANY OF THE CLASSES (''CHILDBIRTH PREPARATION'', ''YOUR CESAREAN'', ''BIG B ROTHER/BIG SISTER'') OFFERED AT THE HOSPITAL ARE NOT AVAILABLE AT NEIGHBORING HOSPITALS PV HMC ALSO OFFERS FREE SUPPORT GROUPS (''BOOTCAMP FOR DADS'', ''MOMMY N ME'') A HEALTH NEWSLETT ER ''REGARDING WOMEN'' IS DISTRIBUTED QUARTERLY TO RESIDENTS IN THE COMMUNITY AT THE ROBERT AND BEVERLY LEWIS FAMILY CANCER CARE CENTER (CCC), THERE ARE PATIENT WORKSHOPS (''YOGA''), AND SUPPORT GROUPS (''LOOK GOOD FEEL BETTER'', ''BREAST CANCER SUPPORT'') AND EARLY DETECTIO N (SKIN SCREENINGS) THE STEAD HEART AND VASCULAR CENTER (SHVC) OFFERS HEART FAILURE EDUCA TION AND AWARENESS TO RECOGNIZE RISK FACTORS, SIGNS AND SYMPTOMS THERE IS ALSO A HEART FA ILURE PROGRAM THAT HELPS PATIENTS IN MAINTAINING THEIR DISEASE AND PROVIDES SUPPORT LEADIN G TO DECREASED SUBSEQUENT HOSPITALIZATIONS THE ''CARDIOVASCULAR EDUCATION'' SERIES IS OPEN TO PATIENTS AND THE PUBLIC AND PROVIDES RISK REDUCTION EDUCATION SUCH AS NUTRITION, EXERCI SE, HYPERTENSION, AND STRESS REDUCTION INFORMATION THE ''STEAD HEART FOR WOMEN'' PROGRAM PR OVIDES EDUCATION, SUPPORT AND COMMUNITY FORUMS DESIGNED SPECIFICALLY TO RAISE AWARENESS FO R HEART DISEASE AND STROKE PREVENTION RECOGNIZING THE IMPORTANCE OF PREVENTIVE HEALTH, OU R MARKETING DEPARTMENT COLLABORATES WITH OUR CLINICAL ASSOCIATES TO ORGANIZE AND PARTICIPA TE IN HEALTH FAIRS AND SPEAKERS BUREAUS, PROVIDING HEALTH CARE INFORMATION AND HEALTH SCRE ENINGS IN 2013, PVHMC HOSTED A DIABETES AWARENESS FAIR ON CAMPUS, OPEN TO ASSOCIATES AND THE PUBLIC ALIKE, PROVIDING 350 PERSONS WITH DIABETIC EDUCATION AND RESOURCES, GIVING 191 FREE BLOOD GLUCOSE SCREENINGS, AND PROVIDING FREE ACCESS TO ACCUCHECK MACHINES THE VOLUNT EER SERVICES DEPARTMENT ORGANIZES FLU SHOTS IN A DRIVE-THRU SETTING WITH THE HELP OF PVHMC 'S NURSES, GIVING 300 FREE FLU-SHOT IMMUNIZATIONS TO SENIORS IN THE COMMUNITY IN 2013 PVH MC ALSO WORKS WITH LA COUNTY AND LOCAL NOT-FOR-PROFIT ORGANIZATIONS TO PUT TOGETHER AN ANN UAL KIDS HEALTH FAIR PROVIDING FREE HEALTH SCREENINGS, IMMUNIZATIONS AND MEDICAL INFORMATI ON FOR UNINSURED AND UNDER-INSURED CHILDREN AGES TWO MONTHS TO 18 YEARS THE SPORTS MEDICI NE CENTER OFFERS FREE SPORTS INJURY ASSESSMENTS AND COLLABORATES WITH LOCAL AREA HIGHSCHOO LS TO PROVIDE REDUCED-COST SPORTS PHYSICALS AS THE FIRST HOSPITAL-BASED SPORTS MEDICINE P ROGRAM IN THE REGION, THE SPORTS MEDICINE CENTER (

Return Reference	Explanation	
	ANOTHER PROJECT TO EXPAND ACCESS TO PRIMARY CARE SERVICES IN OUR COMMUNITY	SMC) AT PVHMC HAS BEEN SETTING THE PACE IN THE EDUCATION, PREVENTION, TREATMENT, AND REHAB ILITATION OF SPORTS-RELATED INJURIES FOR ATHLETES OF ALL AGES AND SKILL LEVELS SINCE 1983 THIS PROGRAM PROVIDES SUPPORT, EDUCATION, SERVICE, AND ASSESSMENT TO LOCAL STUDENT AND SC HOOLS THROUGH THE UTILIZATION OF THE SPORTS MEDICINE CLINIC (SMC) RESOURCES THE SLEEP CEN TER PROVIDES AWAKE MEETINGS TO EDUCATE THE COMMUNITY ON APNEA MASKS AND MACHINES THE RESP IRATORY SERVICES DEPARTMENT OFFERS ASTHMA EDUCATION, AVAILABLE IN SPANISH, AND A SMOKING C ESSATION PROGRAM BREATHING BUDDIES IS A SUPPORT GROUP FOR SENIORS WHO HAVE CHRONIC LUNG D ISEASE BY PROVIDING THE LATEST HEALTH INFORMATION, REVIEWING THEIR MEDICATIONS, AND PROVID ING INSTRUCTION (E.G , ON HOW TO TRAVEL WITH OXYGEN) THE FOOD AND NUTRITION SERVICES DEPA RTMENT OFFERS NUTRITION INFORMATION SUCH AS SENIOR NUTRITION, PROSTATE CANCER FORUM, DIABE TES WORKSHOP, HEALTHY EATING, AND OSTOMY SUPPORT HEALTH PROFESSIONS EDUCATION - OUR HOSPI TAL PROVIDES MANY TRAINING OPPORTUNITIES THROUGH THE VARIOUS DEPARTMENTS THAT WORK WITH TH E LOCAL COLLEGES AND HEALTH PROFESSIONAL PROGRAMS PVHMC IS A CLINICAL SITE FOR NURSING ST UDENTS IN PROGRAMS AT THE LOCAL COMMUNITY COLLEGES AND UNIVERSITIES THE PARISH NURSE PROG RAM THROUGH THE SHVC EDUCATES AND TRAINS BOTH CLINICAL AND NON-CLINICAL SUPPORT STAFF PVH MC'S FAMILY MEDICINE RESIDENCY PROGRAM TRAINS NURSE PRACTITIONER AND MEDICAL STUDENTS AT T HE FAMILY HEALTH CENTER FOOD AND NUTRITION PROVIDES OPPORTUNITES FOR DIETETIC STUDENTS TO DO THEIR INTERNSHIP ROTATIONS AT PVHMC WHERE THEY LEARN ABOUT FOOD PRODUCTION AND MANAGEM ENT THE HOSPITAL IS ALSO A TRAINING LOCATION FOR PHLEBOTOMY, PHYSICIAN BILLING, SOCIAL SE RVICES, RESPIRATORY AND SURGICAL TECH STUDENTS IN RADIOLOGY, OUR HOSPITAL IS A TRAINING S ITE FOR RADIOLOGIC TECHNOLOGY, ULTRASOUND AND NUCLEAR MEDICINE STUDENTS WE ALSO WELCOME C HAPLAINS IN THE COMMUNITY TO RECEIVE CLINICAL CHAPLAIN TRAINING AT PVHMC FOR THE MEDICAL COMMUNITY, THE HOSPITAL ORGANIZES WEEKLY CONTINUING MEDICAL EDUCATION AT NO COST TO PHYSIC IANS WE OFFER A PERINATAL SY MPOSIUM WHICH IS LABOR AND DELIVERY AND NEONATAL EDUCATION T HE CANCER CARE CENTER OFFERS SEMINARS ON LUNG AND GASTROINTESTINAL CANCERS SUBSIDIZED HEA LTH SERVICES - PVHMC IS A MAJOR PROVIDER IN OUR REGION, PARTICULARLY FOR MEDI-CAL AND INDI GENT PATIENTS IN BOTH LOS ANGELES AND SAN BERNARDINO COUNTIES IT IS ESSENTIAL FOR OUR HOS PITAL TO HAVE ADEQUATE COVERAGE OF SPECIALISTS TO PROVIDE NEEDED SPECIALTY MEDICINE TO PAT IENTS WE HAVE ROUND-THE-CLOCK PHYSICIAN COVERAGE IN THE ED, FULL-TIME LABORISTS (HOSPITAL -BASED OB/GYN PHYSICIANS WHO DO DELIVERIES), A HOSPITALIST TEAM, AND A DEDICATED INTENSIVI ST PROGRAM IN THE INTENSIVE CARE UNIT

Return Reference	Explanation	
	RESEARCH - THE ROBERT AND BEVERLY LEWIS FAMILY CANCER CARE CENTER OF PVHMC	PARTICIPATES IN CLINICAL RESEARCH STUDIES IN BREAST CANCER, GASTROINTESTINAL CANCERS, HEAD & NECK CANCERS, LUNG CANCER, PROSTATE CANCER, AND SYMPTOM MANAGEMENT COMMUNITY BUILDING ACTIVITIES - PVHMC WORKS WITH LOCAL AREA MIDDLE AND HIGH SCHOOLS AS WELL AS GIRL SCOUTS AN D SCHOOL GROUPS TO INTRODUCE CAREERS IN HEALTH CARE BY INVITING THEM TO TOUR OUR HOSPITAL AND BY VISITING THEM ON THEIR CAMPUS (HIGH SCHOOL CAREER DAY) PVHMC PARTICIPATES IN LA CO UNTY SERVICE PLANNING AREA 3'S HEALTH PLANNING GROUP ON THE STEERING COMMITTEE PVHMC IS A ONE OF 13 DESIGNATED DISASTER RESOURCE CENTERS (DRC) IN LOS ANGELES COUNTY AS PART OF THE NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM AS THE DRC FOR THE REGION, PVHMC IS RESPONSIBLE FOR 10 "UMBRELLA" FACILITIES IN THE AREA AND COORDINATES DRILLS, TRAINING, AND SHARING OF PLANS TO BRING TOGETHER THE COMMUNITY AND OUR RESOURCES FOR DISASTER PREPAREDN ESS CASH AND IN-KIND CONTRIBUTIONS - OUR HOSPITAL PROVIDES SUPPORT TO VARIOUS LOCAL COMMU NITY SERVICE ORGANIZATIONS INCLUDING THE HOUSE OF RUTH (SERVICES AND ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE), PROJECT SISTER (SEXUAL ASSAULT CRISIS AND PREVENTION SERVICES), TH E BOYS AND GIRLS CLUB OF POMONA VALLEY, THE LEARNING CENTERS AT FAIRPLEX, CASA COLINA HEAL TH FOUNDATION, AND THE CHINO VALLEY YMCA IN-KIND CONTRIBUTIONS TO OUR PATIENTS AND TO THE COMMUNITY INCLUDE TOYS GIVEN TO PEDIATRIC SURGERY PATIENTS AND INFANT LAYETTES AND CAR SE ATS TO NEW MOTHERS IN NEED THE FACILITIES DEPARTMENT PARTICIPATES IN THE CITY-WIDE CLEAN- UP BY DONATING STAFF AND SUPPLIES FOOD AND NUTRITION SERVICES "MEALS ON WHEELS" PROGRAM P ROVIDES FOOD TO HOMEBOUND MEMBERS OF OUR COMMUNITY AND DONATES CANNED FOODS TO THE SALVATI ON ARMY "PROJECT SHIELD & SHELTER" AND LOCAL FOOD BANKS THE CANCER CARE CENTER GIVES WIGS TO CANCER PATIENTS AT NO COST VALUATION OF COMMUNITY BENEFIT PROGRAMS - FOR 2013, PVHMC' S TOTAL COMMUNITY BENEFITS CAME TO $61,287,535 WHICH CONSISTS OF TOTAL CHARITY CARE AND ME ANS-TESTED GOVERNMENT PROGRAMS ($49,109,201) AND TOTAL OTHER BENEFITS ($12,178,334) TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS IS MADE UP OF CHARITY CARE ($13,199,011), MEDI-CAL INPATIENT OR THE NET UNREIMBURSED COST, WHICH IS EQUIVALENT TO UNREIMBURSED CO ST LESS THE DISPROPORTIONATE SHARE PAYMENT ($29,197,129), AND MEDI-CAL OUTPATIENT UNREIMBU RSED COSTS ($6,713,061) OTHER BENEFITS ARE MADE UP OF COMMUNITY HEALTH IMPROVEMENT SERVIC ES AND COMMUNITY BENEFIT OPERATIONS ($2,088,128), HEALTH PROFESSIONS EDUCATION ($3,036,480), SUBSIDIZED HEALTH SERVICES ($3,399,217), RESEARCH ($62,362), AND CASH AND IN-KIND CONTR IBUTIONS TO COMMUNITY GROUPS ($3,592,146) ADDITIONALLY, THE VALUE OF COMMUNITY BUILDING A CTIVITIES IS $18,692 THE ECONOMIC VALUE OF THE DOCUMENTED COMMUNITY BENEFITS WAS DETERMIN ED AS FOLLOWS UNCOMPENSATED CARE WAS VALUED IN THE SAME MANNER THAT SUCH SERVICES WERE RE PORTED IN THE HOSPITAL'S ANNUAL REPORT TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVE LOPMENT CHARITY CARE WAS VALUED BY COMPUTING THE ESTIMATED COST OF CHARGES (INCLUDING CHA RITY CARE DONATIONS) OTHER SERVICES WERE VALUED BY ESTIMATING THE COSTS OF PROVIDING THE SERVICES AND SUBTRACTING ANY REVENUES RECEIVED FOR SUCH SERVICES COSTS WERE DETERMINED BY ESTIMATING STAFF AND SUPERVISION HOURS INVOLVED IN PROVIDING THE SERVICES OTHER DIRECT C OSTS SUCH AS SUPPLIES AND PURCHASED SERVICES WERE ALSO ESTIMATED ANY OFFSETS (CORPORATE S PONSORSHIP, ATTENDANCE FEES, OR OTHER INCOME CONTRIBUTED OR GENERATED) WERE SUBTRACTED FRO M THE COSTS REPORTED PLANS FOR PUBLIC REVIEW - PVHMC PLANS TO CONTINUE SUPPORTING ITS VAR IED COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS CURRENTLY IN PLACE, AND WHEN APPROPRIATE, DE VELOP NEW PROGRAMS TO MEET THE NEEDS OF OUR COMMUNITY IDENTIFIED IN OUR COMMUNITY NEEDS AS SESSMENT THE COMMUNICATION OF OUR COMMUNITY BENEFIT IS A COMBINATION OF PRESENTATIONS GIV EN TO VARIOUS ORGANIZATIONS INCLUDING THE CITY GOVERNMENT, AND DISTRIBUTION OF COPIES OF T HE REPORT TO ALL INTERESTED MEMBERS (COMMUNITY COLLABORATORS, LIBRARIES, COMMUNITY CENTERS , AND BUSINESSES) WITHIN OUR COMMUNITY UPON THEIR REQUEST THE COMMUNITY BENEFIT PLAN, IMP LEMENTATION STRATEGY, AND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ARE ALSO MADE WIDELY AV AILABLE TO ALL INTERESTED MEMBERS OF THE PUBLIC IN BOTH ELECTRONIC AND PAPER FORMAT THE C OST OF PRODUCTION AND DISTRIBUTION OF THESE REPORTS WILL BE ABSORBED BY THE HOSPITAL TO A CCESS THESE REPORTS ONLINE, PLEASE VISIT HTTP://WWW PVHMC ORG/COMMUNITY-OUTREACH ASP PVHMC 'S CHARITY CARE POLICY - PVHMC POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTA NCE PROGRAM SUCH NOTICES ARE POSTED IN HIGH VOLUME INPATIENT, AND OUTPATIENT SERVICE AREA S OF THE HOSPITAL, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, INPATIENT ADMISS ION AND OUTPATIENT REGISTRATION AREAS OR OTHER COMMON PATIENT WAITING AREAS OF THE HOSPITA L NOTICES ARE POSTED AT ANY LOCATION WHERE A PATIENT MAY PAY THEIR BILL NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT MAY OBTAIN MO

Return Reference	Explanation	
	RESEARCH - THE ROBERT AND BEVERLY LEWIS FAMILY CANCER CARE CENTER OF PVHMC	RE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR SUCH ASSISTANCE THES E NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIV E OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA A COPY OF THE FINANCIAL ASS ISTANCE POLICY IS MADE AVAILABLE TO THE PUBLIC ON A REASONABLE BASIS

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	A COPY OF THE TAX RETURN ALONG WITH A NARRATIVE FROM EY, THE HOSPITAL'S EXTERNAL ACCOUNTING FIRM, IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING IN NOVEMBER 2014 THE INTERNAL PROCESS INCLUDES (A) PREPARATION OF THE FINANCIAL DATA BY HOSPITAL PERSONNEL, AND (B) SURVEYS OF DIRECTORS, OFFICERS AND KEY EMPLOYEES REGARDING INFORMATION IN RESPONSE TO QUESTIONS IN PART VI THIS INFORMATION IS DISCLOSED IN SCHEDULE L THE COMPLETED 990 IS REVIEWED FOR OVERALL COMPLETENESS AND ACCURACY BY THE CEO AND CFO

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	EACH YEAR OFFICERS, DIRECTORS, AND KEY EMPLOYEES SUBMIT CONFLICT OF INTEREST STATEMENTS PURSUANT TO HOSPITAL POLICY THE STATEMENTS ARE THEN REVIEWED BY THE OFFICERS OF THE BOARD (THE CHAIRMAN AND THE TWO VICE CHAIRMEN) BEFORE PRESENTED TO THE FULL BOARD AT THE ANNUAL ORGANIZATIONAL MEETING OF THE BOARD ANY CONFLICTS OF CONCERN ARE ADDRESSED BY THE OFFICERS AND DISCUSSED BY THE FULL BOARD AT THE ORGANIZATIONAL MEETING THEREAFTER, IT IS THE RESPONSIBILITY OF EACH MEMBER TO RAISE AN ISSUE OF POTENTIAL CONFLICT TO THE BOARD AND/OR ITS OFFICERS FOR DISPOSITION IF A CONFLICT IS DEEMED TO EXIST, THE MEMBER IS EXCUSED FROM THE MEETING AND/OR TOPIC WHERE THE CONFLICT EXISTS

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE WHICH ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION FOR THE CEO THE DETERMINATION OF THE CEO'S COMPENSATION IS BASED UPON INDEPENDENT REVIEW OF THE CEO COMPENSATION COMPARED TO INDUSTRY PRACTICE IN 2013 THE COMPENSATION COMMITTEE USED THE HAY GROUP FOR THIS PURPOSE THE COMPENSATION REVIEW PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	FOR OTHER OFFICERS AND KEY EMPLOYEES, THE SAME PROCESS IS USED AS ABOVE, WITH THE EXCEPTION THAT THE CEO PRESENTS HIS RECOMMENDATION FOR COMPENSATION TO THE COMPENSATION COMMITTEE BASED UPON THE REPORT FOR TOTAL COMPENSATION COMPARISONS SUPPLIED BY THE HAY GROUP THE POSITIONS COVERED BY THE PROCESS ARE THE COO, CFO, VP SATELLITES, VP NURSING, VP MEDICAL STAFF AFFAIRS, VP HUMAN RESOURCES, CHIEF INFORMATION OFFICER, VICE PRESIDENT OF FINANCE, VP SUPPORT SERVICES, DIRECTOR OF MANAGED CARE, COMPLIANCE OFFICER, DIRECTOR OF UTILIZATION MANAGEMENT THIS PROCESS WAS LAST COMPLETED IN 2013 AND WAS ALSO DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, LINE 18	THE HOSPITAL IS NOT REQUIRED TO MAKE ITS FORM 1023 AVAILABLE AS IT FILED FOR TAX EXEMPT STATUS PRIOR TO JULY 15, 1987 THE HOSPITAL MAKES ITS 990 AND 990T AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE ALSO ATTACHED TO THIS FORM 990, IN ACCORDANCE WITH THE IRS INSTRUCTIONS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EFFECT OF ADOPTION OF FASB STATEMENT 158 $ (8,672) LOSS FROM SUBSIDIARIES $(760,454) LOSS FROM S CORP $ (28,306) --------- TOTAL $(797,432)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
POMONA VALLEY HOSPITAL MEDICAL CENTER

Employer identification number
95-1115230

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) POMONA VALLEY HOSPITAL MEDICAL CTR FDN 1798 N GAREY AVENUE POMONA, CA 91767 95-3403287	SUPPORT PVHMC	CA	501(c)(3)	7	NA		No
(2) POMONA VALLEY HOSPITAL MEDICAL CTR AUX 1798 N Garey Avenue Pomona, CA 91767 95-6053224	SUPPORT PVHMC	CA	501(c)(3)	11, I	PVHMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) POMONA VALLEY MEDICAL PLAZA 95-4175295	LEASING	CA	PVHMC	RELATED	-555,274	4,328,088		No	0		No	90 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) POMONA VALLEY HEALTH FACILITIES 1798 N GAREY AVENUE Pomona, CA 91767 95-4104554	R E OPERATION	CA	PVHMC	C Corp	41,659	-112,859	100 000 %	Yes	
(2) POMONA NORTH MEDICAL BUILDING INC 1798 N GAREY AVENUE POMONA, CA 91767 95-2629873	R E RENTAL	CA	PVHMC	S Corp	28,306	0	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POMONA VALLEY MEDICAL PLAZA	A (I)	464,742	ACCRUAL

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

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

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

Part VII Supplemental Information

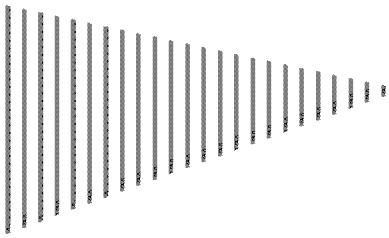
Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART III, COLUMN (A)	POMONA VALLEY MEDICAL PLAZA 1798 NORTH GAREY AVENUE POMONA, CA 91767 EIN 95-4175295

AUDITED CONSOLIDATED FINANCIAL STATEMENTS

Pomona Valley Hospital Medical Center
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

Pomona Valley Hospital Medical Center

Audited Consolidated Financial Statements

Years Ended December 31, 2013 and 2012

Contents

Bu d ng a better
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Report of Independent Auditors

The Board of Directors
Pomona Valley Hospital Medical Center

We have audited the accompanying consolidated financial statements of Pomona Valley Hospital Medical Center (the Medical Center), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Medical Center at December 31, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst & Young LLP

April 30, 2014

Pomona Valley Hospital Medical Center

Consolidated Balance Sheets

	December 31 2013	2012
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 24,874**	$ 30,650
Patient accounts receivable (less allowance for uncollectible accounts of $67,066 in 2013 and $58,385 in 2012)	**64,361**	73,050
Amounts receivable under reimbursement agreements	**1,237**	4,547
Current portion of assets whose use is limited	**3,571**	3,578
Inventories	**3,427**	3,252
Prepaid expenses and other assets	**6,840**	6,191
Total current assets	**104,310**	121,268
Assets whose use is limited, less current portion		
By board	**56,739**	61,349
Under deferred compensation agreements	**805**	814
By donor	**971**	972
Total assets whose use is limited, less current portion	**58,515**	63,135
Property and equipment, net	**183,237**	157,834
Interest in net assets of the Foundation	**26,406**	18,839
Deferred financing fees	**637**	752
Other assets	**20,439**	20,123
	230,719	197,548
Total assets	**$ 393,544**	$ 381,951

	December 31	
	2013	**2012**
	(In Thousands)	
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 17,067**	$ 23,553
Employee compensation payable	**33,921**	32,026
Interest payable	**918**	1,063
Current portion of long-term debt	**5,918**	5,590
Total current liabilities	**57,824**	62,232
Other liabilities		
Long-term debt, less current portion	**27,892**	33,809
Accrued workers' compensation and medical malpractice insurance claims, less current portion	**22,663**	21,468
Amounts payable pursuant to deferred compensation agreements	**1,476**	1,569
Total other liabilities	**52,031**	56,846
Net assets		
Unrestricted	**256,311**	243,061
Temporarily restricted	**21,055**	13,711
Permanently restricted	**6,323**	6,101
Total net assets	**283,689**	262,873
Total liabilities and net assets	**$ 393,544**	$ 381,951

See accompanying notes.

Pomona Valley Hospital Medical Center

Consolidated Statements of Operations

	Year Ended December 31	
	2013	**2012**
	(In Thousands)	
Unrestricted revenues, gains, and other support		
Patient service revenue, net of contractual allowances and discounts	**$ 396,884**	$ 408,422
Provision for bad debts	**(42,330)**	(44,108)
Net patient service revenue (before California hospital fee)	**354,554**	364,314
California hospital fee supplemental payments	**88,555**	66,997
Net patient service revenue	**443,109**	431,311
Capitation premium revenues	**42,309**	40,776
Other operating revenue	**6,399**	4,285
Unrestricted donations	**276**	604
Net assets released from restrictions	**822**	2,391
Total unrestricted revenues, gains, and other support	**492,915**	479,367
Expenses		
Salaries	**212,222**	212,366
Employee benefits	**57,475**	52,377
Physicians' compensation	**16,154**	13,924
Professional fees	**5,998**	5,702
Supplies	**62,601**	65,133
Purchased services	**24,606**	22,413
Other direct expenses	**11,723**	11,263
Capitation claims expense	**17,148**	15,279
California hospital fee quality assurance fee and pledge payments	**39,009**	39,482
Leases and rentals	**4,931**	5,009
Insurance	**5,217**	4,368
Expenses before depreciation and amortization, and interest	**457,084**	447,316
Operating income before capital costs	**35,831**	32,051
Capital costs		
Depreciation and amortization	**22,529**	22,339
Interest	**404**	1,753
Total capital costs	**22,933**	24,092
Total expenses	**480,017**	471,408
Operating income	**12,898**	7,959
Investment income	**1,085**	2,316
Excess of revenues over expenses	**13,983**	10,275
Change in pension asset	**(9)**	(479)
Net unrealized loss on investments	**(724)**	(1,301)
Increase in unrestricted net assets	**$ 13,250**	$ 8,495

See accompanying notes

Pomona Valley Hospital Medical Center

Consolidated Statements of Changes in Net Assets

	Year Ended December 31	
	2013	**2012**
	(In Thousands)	
Net assets at beginning of year	**$ 262,873**	$ 253,560
Unrestricted net assets		
Excess of revenues over expenses	**13,983**	10,276
Change in pension asset	**(9)**	(479)
Net unrealized loss on investments	**(724)**	(1,301)
Increase in unrestricted net assets	**13,250**	8,496
Temporarily restricted net assets		
Contributions	**702**	309
Net assets released from restrictions	**(703)**	(290)
Distribution from the Foundation	**(119)**	(2,101)
Change in net assets of the Foundation	**7,464**	2,630
Increase in temporarily restricted net assets	**7,344**	548
Permanently restricted net assets		
Change in net assets of the Foundation	**222**	269
Increase in permanently restricted net assets	**222**	269
Increase in net assets	**20,816**	9,313
Net assets at end of year	**$ 283,689**	$ 262,873

See accompanying notes.

Pomona Valley Hospital Medical Center

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2013	**2012**
	(In Thousands)	
Operating activities		
Increase in net assets	**$ 20,816**	$ 9,313
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**22,529**	22,339
Net unrealized loss on investments	**724**	1,301
Change in net assets of the Foundation	**(7,567)**	(798)
Change in pension asset	**9**	479
Changes in operating assets and liabilities		
Patient accounts receivable (net of provision for bad debts of $42,330 in 2013 and $44,108 in 2012)	**8,689**	2,363
Inventories and other assets	**(1,032)**	(2,040)
Amounts receivable/payable pursuant to deferred compensation agreements	**(93)**	(215)
Amounts receivable under reimbursement agreements	**3,310**	(1,692)
Accounts payable and other liabilities	**(3,543)**	9,573
Net cash provided by operating activities	**43,842**	40,623
Investing activities		
Purchases of property and equipment, net	**(47,932)**	(32,117)
Changes in assets whose use is limited	**3,903**	24,322
Net cash used in investing activities	**(44,029)**	(7,795)
Financing activities		
Principal payments on long-term debt	**(5,047)**	(4,784)
Payments on capitalized lease obligation	**(542)**	(496)
Net cash used in financing activities	**(5,589)**	(5,280)
Net (decrease) increase in cash and cash equivalents	**(5,776)**	27,548
Cash and cash equivalents at beginning of year	**30,650**	3,102
Cash and cash equivalents at end of year	**$ 24,874**	$ 30,650
Noncash activities		
Assets under capital lease	**$ 358**	$ 1,073
Capital lease obligation	**$ 1,257**	$ 1,803

See accompanying notes.

Pomona Valley Hospital Medical Center

Notes to Consolidated Financial Statements
(Dollar Amounts Expressed in Thousands)

December 31, 2013

1. Organization and Summary of Significant Accounting Policies

Organization and Mission

Pomona Valley Hospital Medical Center (the Medical Center) is organized as a not-for-profit corporation under the laws of the state of California, and is a tax-exempt organization under the provisions of the Internal Revenue Code and applicable California Franchise Tax Code

The Medical Center's purpose is to serve the health care needs of the Pomona Valley and surrounding areas As such, fundraising conducted to support the activities of the Medical Center and investment earnings, all of which are used exclusively for health-related services provided by the Medical Center, are considered operating activities

Principles of Consolidation and Basis of Presentation

The accompanying consolidated financial statements include the accounts of the Medical Center and its wholly owned subsidiaries, Pomona Valley Health Facilities (PVHF), Pomona Valley Medical Plaza (PVMP), and Pomona North Medical Building, Inc (PNMB) PNMB was dissolved in December 2013

The Medical Center is affiliated with Pomona Valley Hospital Medical Center Foundation (the Foundation), which raises funds for the benefit of the Medical Center The Medical Center and the Foundation are financially interrelated organizations as defined under the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities* The Foundation reports an asset and contribution revenue when it receives assets from donors for the benefit of the Medical Center As the specified beneficiary, the Medical Center reports its interest in the net assets of the Foundation in its consolidated balance sheets The Medical Center also adjusts its interest for its share of the change in the net assets of the Foundation

Community Benefit and Charity Care

In furtherance of its charitable purpose, the Medical Center provides a wide variety of benefits to the community, including various community-based social service programs, such as free clinics, health screenings, immunizations, social service and support counseling for patients and families, and the donation of space for use by community groups Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness

(Dollar Amounts Expressed in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

A patient is classified as a charity patient by reference to certain established policies of the Medical Center Essentially, these policies define charity services as those services for which no payment is anticipated due to the patient's inability to pay No revenue is recorded for services performed if the patient qualifies for charity care The costs and expenses incurred in providing charity care are included in the Medical Center's operating expenses It is the Medical Center's policy to treat emergency patients regardless of their ability to pay Charity care provided in 2013 and 2012, measured at established rates, approximated $78,612 (unaudited) and $71,965 (unadited), respectively The costs, calculated based on a ratio of cost to gross charges, related to these programs and activities are as follows

	Net Community Benefit Expense
Year Ended December 31, 2013	
Charity care at cost	**$ 13,317**
Unreimbursed cost – Medi-Cal (unaudited)	**30,709**
Unreimbursed costs – other government programs (unaudited)	**6,786**
Total (unaudited)	**$ 50,812**

	Net Community Benefit Expense
Year Ended December 31, 2012	
Charity care at cost	$ 12,515
Unreimbursed cost – Medi-Cal (unaudited)	58,521
Unreimbursed costs – other government programs (unaudited)	2,109
Total (unaudited)	$ 73,145

1. Organization and Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue

Net patient service revenue is reported on the accrual basis in the period in which services are provided, net of third-party contractual allowances for Medicare, Medi-Cal, managed care, and other programs Contractual allowances include differences between established billing rates and amounts estimated by management as reimbursable under various cost reimbursement formulas or contracts in effect Net revenues from the Medicare and Medi-Cal programs were 16 0% and 40 4% in 2013, respectively, and 19 8% and 35 6% in 2012, respectively The Medi-Cal percentage of revenue included revenues received under the California Hospital Fee Program as further described in Note 10 Management recognizes a provision for doubtful accounts based on the Medical Center's historical collection experience, adjusted for current environment risks and trends The administrative procedures related to the Medicare cost reimbursement programs in effect generally preclude final determination of amounts due or payable by the Medical Center until cost reports are audited or otherwise reviewed and settled upon by the applicable administrative agencies Normal estimation differences between final settlements and amounts accrued in previous years are reported as current year contractual allowances In 2013 and 2012, the Medical Center settled several previously filed Medicare cost reports and recorded changes in estimates which increased revenue by $1,308 and $3,889, respectively

Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation The Medical Center believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing, except that the Medical Center has made a self-disclosure to the Centers for Medicare and Medicaid Services pursuant to the self-disclosure protocol under the Ethics in Patients Referrals Act of potential violations of the Act While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medi-Cal programs

1. Organization and Summary of Significant Accounting Policies (continued)

Allowances for Doubtful Accounts

Patient service revenue is reduced by the provision for bad debts and accounts receivable are reduced by an allowance for uncollectible accounts These amounts are based on management's assessment of historical and expected net collections for each major payor source, considering business and economic conditions, trends in health care coverage, and other collection indicators Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Medical Center records a significant provision for bad debts in the period services are provided related to self-pay patients, including both uninsured patients and patients with deductible and copayment balances due for which third-party coverage exists for a portion of their balance For receivables associated with patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies

The Medical Center serves certain patients whose medical care costs are not paid at established rates These patients include those sponsored under government programs such as Medicare and Medi-Cal, those sponsored under private contractual agreements, charity patients, and other uninsured patients who have limited ability to pay Patient service revenue is reported at estimated net realizable amounts for services rendered The Medical Center recognizes patient service revenue associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, net revenue is recognized based on a range between the Medical Center's prompt payment discounted rates which the patient has agreed to pay and total charges, further reduced by the Medical Center's estimated bad debt and charity provision

(Dollar Amounts Expressed in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized from major payor sources for the years ended December 31, 2013 and 2012, is as follows

	December 31	
	2013	**2012**
Medicare	**$ 71,327**	$ 84,017
Medicare – Managed care	**25,589**	25,596
Medi-Cal (including DSH SB 1100 & California Hospital Fee)	**152,280**	114,728
Medi-Cal – Managed care	**26,720**	38,792
Managed care and other insurers	**173,497**	176,581
Self-pay	**36,027**	35,705
Patient service revenue, net of contractual allowances and discounts	**485,439**	475,419
Provision for bad debts	**(42,330)**	(44,108)
Net patient service revenue	**$ 443,109**	$ 431,311

Capitation Premium Revenue and Capitation Claims Expenses

The Medical Center has agreements with various health maintenance organizations (HMO) to provide medical services to subscribing participants, the most significant of which is with Inter Valley Health Plan, Inc (see Note 5) Under these arrangements, the Medical Center receives monthly capitation payments based on the number of participants, regardless of services actually performed by the Medical Center or other health care providers Such payments are recorded in the month the enrollees are entitled to receive services, and totaled $41,618 and $39,845 in 2013 and 2012, respectively

The cost of medical services, rendered by other health care providers to the HMO participants under the capitation arrangements, includes administrative costs, out-of-area or emergency services, and services contracted for but not provided by the Medical Center These costs are accrued in the period in which the services are provided based in part on estimates, including an accrual for services provided by others but not reported to the Medical Center at the balance sheet date

1. Organization and Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are carried at cost Donated items are recorded at fair value on the date of donation Depreciation is computed using the straight-line method over the estimated useful lives of the assets and includes depreciation related to capital lease assets The general range of useful lives estimated for buildings and improvements is 10 to 40 years and 5 to 25 years for equipment Repairs and maintenance costs are expensed as incurred

Long-Lived Asset Impairment

Situations may arise where the carrying value of a long-lived asset may exceed the undiscounted value of the expected cash flows associated with that asset In such circumstances, the asset is impaired The Medical Center reviews its long-lived assets for impairment on an annual basis, as well as when events or changes in business conditions suggest potential impairment Impaired assets are written down to fair value The Medical Center has determined that no long-lived assets are impaired at December 31, 2013 and 2012

Inventories

Inventories of drugs and supplies are stated at cost (by the first-in, first-out method), which is not in excess of market

Insurance Programs

The Medical Center maintains professional and general liability insurance under a claims-made policy for losses up to $5,000 per claim and $15,000 in the aggregate The policy has a self-insured retention of $250 per claim and an annual aggregate retention of $3,000 Accruals for uninsured claims and claims incurred but not reported are estimated based upon the Medical Center's claims experience Accrued liabilities totaling $9,307 and $6,185 at December 31, 2013 and 2012, respectively, were estimated using a discount factor of 2% As of December 31, 2013 and 2012, the Medical Center recorded a receivable for insurance recoveries of $4,608 and $2,523, respectively, included in prepaid expenses and other assets in the consolidated balance sheet

1. Organization and Summary of Significant Accounting Policies (continued)

The Medical Center is self-insured for workers' compensation claims Accrued liability for uninsured claims and claims incurred but not reported of $19,425 and $19,708 at December 31, 2013 and 2012, respectively, are estimated based upon the Medical Center's claims experience Accruals were estimated using a discount factor of 2% As of December 31, 2013 and 2012, the Medical Center recorded a receivable for insurance recoveries of $7,896 and $8,862, respectively, included in prepaid expenses and other assets in the consolidated balance sheets The Medical Center's claims obligations at December 31, 2013 and 2012 are secured by a guarantee issued by the Self Insurer's Security Fund Alternative Deposit Program in the amount of $13,434 and $10,425, respectively

Deferred Financing Fees

Prepaid financing fees are amortized over the period in which the related debt is outstanding using the effective-interest method

Cash Equivalents

Cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased, and exclude assets whose use is limited

Marketable Securities

Marketable securities, included in assets whose use is limited, are comprised of U S Treasury Notes and obligations of government-sponsored enterprises (GSE), which include mortgage-backed securities issued or guaranteed by the Federal National Mortgage Association (Fannie Mae) and the Federal Home Loan Mortgage Corporation (Freddie Mac) All marketable securities are stated at fair market value The Medical Center has designated its marketable securities as other than trading Investment income includes interest, dividends, and realized gains and losses on investments Investment income is included in operating income, unless the income is restricted by donor or law Unrealized gains and losses are excluded from operating income Gains and losses with respect to disposition of marketable securities are based on the specific-identification method Realized gains were $20 in 2013 and $1,300 in 2012

1. Organization and Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates Significant accounting estimates include allowances for contractual discounts and uncollectible accounts, Medicare cost report settlements, liabilities under risk sharing agreements, incurred but not reported claims, self-insured liabilities, and the outcome of litigation

Concentrations of Credit Risk

Financial instruments that potentially subject the Medical Center to concentrations of credit risk consist primarily of investments, cash and cash equivalents, and accounts receivable Investments are managed within guidelines established by the board of directors which, as a matter of policy, limit the amounts which may be invested with one issuer The Medical Center's funds are invested in a portfolio of government and government agency securities that trade in active markets with low liquidity or credit risks The Medical Center maintains substantially all its cash with one financial institution and may be exposed from time to time to credit risk with bank deposits in excess of the FDIC insurance limits The Medical Center evaluates the financial viability of these depository institutions periodically There have been no losses in such accounts, and management does not believe that credit risk on cash and cash equivalents is significant Concentrations of credit risk with respect to accounts receivable are limited, except with respect to programs under contract with federal and state governments, due to the large number of payors comprising the Medical Center's customer base Net patient receivables due from Medicare and Medi-Cal were $8,394 and $9,766, respectively, at December 31, 2013 and $23,244 and $20,128, respectively, at December 31, 2012

1. Organization and Summary of Significant Accounting Policies (continued)

Donations and Donor-Restricted Net Assets

Donations are generally made to the Foundation for the benefit of the Medical Center To the extent expenditures are to be made for the purpose intended, funds are transferred from the Foundation Unrestricted donations received directly by the Medical Center are included in unrestricted revenues, gains, and other support Resources restricted by donors for specific time periods or operating purposes are recorded as temporarily restricted net assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets used in operations are reclassified as unrestricted net assets and reported in the accompanying consolidated statements of operations as net assets released from restrictions Resources temporarily restricted by donors for additions to property and equipment whose purpose has been met are recorded as net assets released from restrictions in the accompanying consolidated statements of operations Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted donations Resources restricted by donors to be maintained by the Medical Center in perpetuity are recorded as permanently restricted net assets Donor-restricted net assets of the Medical Center are primarily restricted for purchases of property and equipment Of the total temporarily and permanently restricted net assets at December 31, 2013 and 2012, $5,148 and $4,470, respectively, were held under charitable remainder trusts at the Foundation The use of these funds is restricted by donors for specific purposes and/or for specified time periods until the trusts mature

Fair Value of Financial Instruments

The following methods and assumptions were used by the Medical Center in estimating the fair value of its financial instruments

Cash and Cash Equivalents, Patient Accounts Receivable, Accounts Payable, and Accrued Expenses

The carrying amount reported in the accompanying consolidated balance sheets for cash and cash equivalents, patient accounts receivable, and accounts payable and accrued expenses approximates its fair value, given the relatively short period of time between the origination of these instruments and their expected realization or liquidation

1. Organization and Summary of Significant Accounting Policies (continued)

Assets Whose Use is Limited

Investments, included in assets whose use is limited, are stated at fair value in the accompanying consolidated balance sheets, based on quoted prices in active markets Refer to Note 4 for further discussion

Long-Term Debt

The fair value of the Medical Center's long-term debt is estimated using current broker quoted prices for the debt obligation (refer to Note 3 for further discussion) The estimated fair value takes into consideration the discounted cash flows, liquidity of the investment, nonperformance risks, the Medical Center's credit rating, and changes in credit spreads

The Medical Center measures fair value for financial and nonfinancial assets and liabilities in accordance with ASC 820, *Fair Value Measurements and Disclosures* Fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability Fair value is based on the exchange price that would be received to sell an asset or paid to transfer a liability (i e , an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market accompanying participants at the measurement date As a basis for considering such assumptions, the Medical Center uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows

Level 1 Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets and liabilities Therefore, a reliable fair market value exists

Level 2 Observable prices that are based on inputs not quoted on active markets, but corroborated by market data This includes quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets, or liabilities in markets that are not active and models for which all significant inputs are observable or can be corroborated directly or indirectly by observable market data

(Dollar Amounts Expressed in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Level 3 Unobservable inputs are used when little or no market data is available These include pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs

Assets and liabilities measured at fair value are based on one or more of three valuation techniques noted in the tables below

a Market approach Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities

b Cost approach Amount that would be required to replace the service capacity of an asset (replacement cost)

c Income approach Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings models)

The following table provides the method used to fair value certain assets as of December 31, 2013 Only assets measured at fair value are shown in the three-tier fair value hierarchy

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Valuation Technique (a, b, c)
Cash and cash equivalents	$ 29,277	$ 29,277	$ –	$ –	(a)
U S government treasury notes	50,629	50,629	–	–	(a)
Mortgage-backed securities (U S government agency)	6,835	–	6,835	–	(a)
Interest receivable and other	219	219	–	–	(a)
	$ 86,960	$ 80,125	$ 6,835	$ –	

(Dollar Amounts Expressed in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

The following table provides the method used to fair value certain assets as of December 31, 2012 Only assets measured at fair value are shown in the three-tier fair value hierarchy

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Valuation Technique (a, b, c)
Cash and cash equivalents	$ 34,771	$ 34,771	$ –	$ –	(a)
U S government treasury notes	55,923	55,923	–	–	(a)
Mortgage-backed securities (U S government agency)	6,419	–	6,419	–	(a)
Interest receivable and other	250	250	–	–	(a)
	$ 97,363	$ 90,944	$ 6,419	$ –	

The fair value of the Medical Center's long-term debt is estimated based on current market rates for debt of the same risk and maturities (Level 2 inputs) Refer to Note 3

Collective Bargaining Agreements (Unaudited)

At December 31, 2013 and 2012, 1,061 and 1,048, respectively, of the Medical Center's registered nurses are subject to collective bargaining agreements The percentage of the total labor force covered under collective bargaining agreements as of December 31, 2013 and 2012 was approximately 35% The collective bargaining agreements in effect at December 31, 2013 will expire on December 31, 2016

Performance Indicator

Management considers excess of revenues over expenses to be the Medical Center's performance indicator Excess of revenues over expenses includes all changes in unrestricted net assets, except for changes in unrealized loss on investments, and change in pension asset

(Dollar Amounts Expressed in Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Reclassifications

Certain 2012 amounts have been reclassified to conform to the 2013 presentation This includes capitation premium revenues and capitation claims expense which were historically both classified within net patient service revenue and are now appropriately presented as separate lines in the consolidated statement of operations

Subsequent Events

The Medical Center evaluated subsequent events occurring through April 30, 2014, the date the financial statements were issued

2. Property and Equipment

Property and equipment is summarized as follows

	December 31	
	2013	**2012**
Buildings and improvements	**$ 124,132**	$ 122,604
Leasehold improvements	**11,392**	10,384
Equipment	**357,827**	336,596
	493,351	469,584
Accumulated depreciation and amortization	**(381,420)**	(359,118)
	111,931	110,466
Construction-in-progress	**59,819**	36,125
Land	**11,487**	11,243
	$ 183,237	$ 157,834

Unamortized computer software costs are $12,939 and $11,365 as of December 31, 2013 and 2012, respectively The expenses recorded for amortization of capitalized computer software costs are $3,234 in 2013 and $4,962 in 2012

(Dollar Amounts Expressed in Thousands)

3. Long-Term Debt

Long-term debt is summarized as follows

	December 31 2013	2012
1997 Series A Revenue Bonds, principal payment of $5,305 due in 2014, $5,030 due in 2012, $22,335 due by 2017 and $4,765 is due by 2019 Interest is payable semiannually at 5 50% to 5 75%	**$ 32,405**	$ 37,435
Notes payable secured by property, principal payments due monthly through 2018 Interest is payable monthly at 8 67% to 10%	**101**	118
Capital lease obligations secured by property, principal payments due monthly through 2016 Interest is payable monthly at 9 27%	**1,304**	1,846
	33,810	39,399
Less current portion	**(5,918)**	(5,590)
	$ 27,892	$ 33,809

In May 1997, $84,000 of Fixed Rate Series A Insured Refunding Revenue Bonds (1997 Bonds) were issued through the California Health Facilities Financing Authority (the Authority) The Authority has a security interest in the gross revenue of the Medical Center to secure the loan repayments of the 1997 Bonds The master trust indenture contains restrictions on additional debt and the maintenance of certain financial ratios At December 31, 2013 and 2012, the Medical Center has complied with all financial ratios

Total interest costs were $2,260 and $2,586 for 2013 and 2012, respectively, of which $1,856 and $832 was capitalized as part of construction-in-progress in 2013 and 2012, respectively Interest costs paid during 2013 and 2012 were $2,144 and $2,470, respectively

(Dollar Amounts Expressed in Thousands)

3. Long-Term Debt (continued)

Maturities of long-term debt, excluding capital lease obligations and notes payable, subsequent to December 31, 2013 are as follows

2014	$	5,305
2015		5,600
2016		5,915
2017		6,225
2018		4,595
Thereafter		4,765
	$	32,405

Please refer to Note 9 for capital lease payments

Estimated fair values for long-term debt are as follows

1997 Series A Revenue Bonds	$	32,310
Notes payable		101
Capital lease obligations		1,304
Total	$	33,715

Estimated fair values are based on current broker quotes for the Series A Bonds and/or rates currently available to the Medical Center for debt with similar terms and remaining maturities

4. Assets Whose Use is Limited

Assets whose use is limited include board-designated funds, donor-restricted funds held directly by the Medical Center, funds held by trustee under bond indentures to secure the payment of principal and interest, and funds held pursuant to deferred compensation agreements The current portion of assets whose use is limited includes trust funds, which will be used to pay principal and interest due the following year

Trust funds maintained under the terms of the bond indentures totaled $3,571 and $3,578 at December 31, 2013 and 2012, respectively, are invested in cash and cash equivalents, and are reflected in current assets

(Dollar Amounts Expressed in Thousands)

4. Assets Whose Use is Limited (continued)

Board-designated assets comprise unrestricted resources, which have been appropriated or designated by the board of directors for the replacement or acquisition of property and equipment

The noncurrent portion of assets whose use is limited are stated at fair market value and summarized as follows

	December 31 2013	2012
Cash	**$ 832**	$ 541
U S government treasury notes	**50,629**	55,923
Mortgage-backed securities (U S government agency)	**6,835**	6,419
Interest and other receivables	**219**	252
	$ 58,515	$ 63,135

Management continually reviews its investment portfolio and evaluates whether declines in the fair market value of the securities should be considered other-than-temporary Factored into this evaluation are the general market conditions, the recommendation of investment advisors, credit risks associated with the investments and their issuers, the length of time the market value has been less than cost and the magnitude of the decline During the years ended December 31, 2013 and 2012, the Medical Center concluded that there was no other-than-temporary decline in the fair value of its investments

The following table summarizes investments designated as other-than-trading with unrealized losses held at December 31, 2013

	Less Than Twelve Months		Twelve Months or Longer		Total	
Description of Securities	**Fair Value**	**Unrealized Losses**	**Fair Value**	**Unrealized Losses**	**Fair Value**	**Unrealized Losses**
U S Treasury obligations	$ 9.324	$ 1.020	$ 26.649	$ 1.454	$ 35.973	$ 2.474
Federal agency mortgage-backed securities	1.009	71	3.365	135	4.374	206
Total	$ 10.333	$ 1.091	$ 30.014	$ 1.589	$ 40.347	$ 2.680

4. Assets Whose Use is Limited (continued)

Investments with unrealized gains are excluded from the table above The unrealized losses noted above result from interest rate changes, not from a decline in credit quality As management has the ability and intent to hold the investments to recovery of the fair value, no other-than-temporary declines were recorded during the years ended December 31, 2013 and 2012

5. Related-Party Transactions

Inter Valley Health Plan, Inc (IVHP) is a nonprofit corporation and a federally qualified health maintenance organization IVHP contracts with the Medical Center to provide inpatient and outpatient services as prescribed by participating physicians to the plan's enrollees Five representatives from the Medical Center serve on IVHP's 17-member board Total capitation premium revenue from IVHP in 2013 and 2012 was $34,194 and $32,954, respectively

Pomona Valley Imaging, LLP (PVI) is the lessor of a capital lease on radiology equipment with the Medical Center One of the co-owners of PVI also serves on the Compliance Board of the Medical Center The unpaid capital lease obligation as of 2013 and 2012 is included in long-term debt in the accompanying consolidated balance sheets and totaled $1,304 and $1,846, respectively Total capital lease payments made to PVI in each of 2013 and 2012 were $691

In 2013, Pomona Community Health Center (PCHC) became a federally qualified health center as designated by the Health Resources and Services Administration within the United States Department of Health and Human Services The Medical Center has provided PCHC with a line of credit of up to $3 0 million, interest free, through April 1, 2015 At the end of each term year, the Medical Center "forgives" 50% of the amount advanced to PCHC in recognition of a community benefit After recording the annual 50% reduction, the receivable from PCHC under this line of credit was $1 2 million at December 31, 2013 and 2012 This amount is included in other noncurrent assets in the accompanying consolidated balance sheets

6. Retirement Plans

The Medical Center has a frozen defined-benefit retirement plan applicable to employees participating in the plan as of December 31, 1977 All benefits for active employees were made 100% vested as of that date Since the plan had no funding deficiency and the plan assets, consisting of unallocated insurance contracts, exceeded the projected benefit obligation (present value of vested accrued benefits), there was no expense or contribution required for the plan years ended December 31, 2013 and 2012 The plan's actuary does not anticipate any future funding

The Medical Center accounts for the defined-benefit plan in accordance with ASC 715, *Compensation-Retirement Benefits*, which requires a plan sponsor to recognize the funded status of its defined-benefit pension plan (the difference between the fair value of plan assets and the projected benefit obligations) as an asset or liability in the consolidated balance sheets

The Medical Center measures the fair value of the plan assets and benefit obligations that determine its funded status as of the end of the Medical Center's fiscal year The Medical Center recorded a pension asset of $941 and $848 at December 2013 and 2012, respectively, which was included in other noncurrent assets in the accompanying consolidated balance sheets

Unrecognized actuarial loss included in unrestricted net assets at December 31, 2013 and 2012 was $190 and $181, respectively These amounts will be subsequently recognized as net periodic benefit cost pursuant to the Medical Center's historical accounting policy for amortizing such amounts Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of unrestricted net assets and will be subsequently recognized as a component of net periodic benefit cost on the same basis as the amounts recognized in unrestricted net assets Of the $190 prior actuarial loss included in unrestricted net assets at December 31, 2013, $0 is expected to be recognized in net periodic benefit cost during the year ended December 31, 2014

For purposes of determining the net periodic benefit cost, results are measured by consulting actuaries as of the beginning of each year The plan's funded status, as measured at the end of each year, a reconciliation of the beginning and ending balances of the projected benefit

(Dollar Amounts Expressed in Thousands)

6. Retirement Plans (continued)

obligation and the fair value of plan assets and the accumulated benefit obligation, amounts recognized in the balance sheets, weighted-average assumptions to determine the benefit obligation, and other benefit information are as follows

	2013	2012
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 2,773**	$ 2,684
Interest cost	**81**	124
Actuarial (gain) loss	**(138)**	359
Benefits paid	**(288)**	(376)
Other	**(2)**	(18)
Projected benefit obligation at end of year	**$ 2,426**	$ 2,773
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 3,621**	$ 3,926
Investment returns	**34**	71
Benefits paid	**(288)**	(376)
Fair value of plan assets at end of year	**3,367**	3,621
Projected and accumulated benefit obligation	**(2,426)**	(2,773)
Funded status (pension asset)	**$ 941**	$ 848
Amounts recognized in unrestricted net assets		
Unrecognized actuarial (loss) gain at beginning of year	**$ (181)**	$ 298
Current year actuarial loss	**(16)**	(490)
Amortization of actuarial gain (included in net periodic benefit cost)	**6**	9
Prior service cost	**1**	2
Unrecognized actuarial loss at end of year	**$ (190)**	$ (181)
Net periodic benefit cost recognized		
Interest cost	**$ 81**	$ 124
Expected return on plan assets	**(189)**	(220)
Net gain amortization	**2**	2
Net periodic benefit cost (reduction of expense)	**$ (106)**	$ (94)

(Dollar Amounts Expressed in Thousands)

6. Retirement Plans (continued)

The overfunded status of the plan of $941 and $848 at December 31, 2013 and 2012, respectively, is recognized in the accompanying consolidated balance sheets as other assets No plan assets are expected to be returned to the Medical Center during the year ended December 31, 2013 The following are key assumptions used to estimate the projected benefit obligation

	2013	2012
Weighted-average assumptions		
Discount rate (used for funded status)	**4.03%**	3 16%
Discount rate (used for pension cost)	**3.16**	4 96
Expected return on plan assets (based on historical investment returns)	**5.08**	5 53

The expected rate of return on plan assets assumption is based on the weighted-average expected return of the assets in the plan's portfolio as discussed below, developed using historical asset return performance, as well as current market conditions such as inflation and interest rates

The following benefit payments are expected to be paid during the years ended December 31

2014	$ 244
2015	233
2016	221
2017	207
2018 through 2022	865

The plan assets are held in unallocated insurance contracts with Aetna Life Insurance Company (Aetna), which are guaranteed investment contracts (GIC) with stable returns The assets are recorded at contract value as determined by Aetna, which approximates fair value Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits, the insurance company's administrative expenses, and other expenses of the plan The insurance contracts include certain restrictions related to payments, withdrawals, and fund transfers

6. Retirement Plans (continued)

Aetna maintains the plan's assets in a fund which earns interest at guaranteed rates The rates applicable to the unallocated insurance contracts are subject to change each year, when changed, the new rate applies only to contributions from the date of change The investment objectives are designed to generate returns that will enable the plan to meet its future obligations The amount for which these obligations will be settled depends on future events, including the life expectancy of the participants and probability of payment between the valuation date and the expected date of payment The obligations are estimated using actuarial assumptions, current economic assumptions, and discount rates to reflect the time value of money and retirement annuity prices provided by Aetna

The Medical Center also maintains defined-contribution plans for its employees Employer contributions are based on participant contributions and compensation The Medical Center's expense for these defined-contribution plans was $8,810 and $8,435 in 2013 and 2012, respectively

7. Pomona Valley Hospital Medical Center Foundation

The Foundation was established to engage in the solicitation, receipt, and administration of contributions for the benefit of the Medical Center, which is its sole beneficiary The Foundation's unrestricted net assets are distributed to the Medical Center in amounts and in periods determined by the Foundation's board of directors, which may restrict the use of these funds for Medical Center specific purposes Temporarily and permanently restricted net assets are held or distributed to the Medical Center at the donor's request These transfers are recorded as a reduction in the Medical Center's interest in the net assets of the Foundation In 2013 and 2012, respectively, $262 and $2,315 in unrestricted and temporarily restricted funds were used to support the Medical Center, of which in 2013 and 2012, $119 and $2,101, respectively, were transferred directly to the Hospital The net assets of the Foundation have been included in the accompanying consolidated financial statements of the Medical Center using the equity method of accounting

(Dollar Amounts Expressed in Thousands)

7. Pomona Valley Hospital Medical Center Foundation (continued)

The Foundation's financial position and results of operations are summarized as follows

	December 31 2013	2012
Assets	**$ 29,912**	$ 22,178
Liabilities	**$ 3,506**	$ 3,339
Net assets	**26,406**	18,839
Total liabilities and net assets	**$ 29,912**	$ 22,178

	Year Ended December 31 2013	2012
Revenues, gains, and other support	**$ 2,145**	$ 2,970
Expenses	**(887)**	(878)
Transfers to the Medical Center	**(262)**	(2,315)
Increase (decrease) in unrestricted net assets	**996**	(223)
Increase in restricted net assets	**6,571**	1,021
Net assets, beginning of year	**18,839**	18,041
Net assets, end of year	**$ 26,406**	$ 18,839

8. Endowments

Permanently restricted net assets represent endowments that are required by donors to be held in perpetuity, the income from which is expendable to support health care services in general (unrestricted) or is restricted for a donor specified purpose or specified time period (temporarily restricted) Endowments are intended to provide a permanent source of income to the Medical Center The Medical Center also maintains a board-designated endowment fund, which is included in assets limited as to use by the board and is classified as unrestricted net assets since the restrictions can be removed or redesignated at any time by the board of directors

8. Endowments (continued)

The Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) adds certain prudent spending measures to the Uniform Management of Institutional Funds Act (UMIFA), the predecessor to UPMIFA ASC 958, *Not-for-Profit Entities*, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of UPMIFA

Endowment: The Medical Center's donor-restricted endowments are included in assets limited as to use by donor and are classified as permanently restricted net assets Donor-restricted endowments held at the Foundation are included in interest in net assets of the Foundation

Funds with Deficiencies: From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Medical Center to retain as a fund of perpetual duration Deficiencies of this nature are reported as decreases in unrestricted net assets unless the income from such endowment funds is restricted as to use, in which case such amounts are reflected in temporarily restricted net assets There were no such deficiencies as of December 31, 2013 and 2012

Return Objectives and Risk Parameters: The Medical Center has investment policies that attempt to provide a predictable stream of funding to programs supported by operations, as well as endowment donations Assets are invested in a manner that is intended to produce results that exceed the respective benchmark, while assuming a moderate level of investment risk Actual returns in any given year may vary from this amount

Strategies Employed for Achieving Objectives: To satisfy its long-term rate-of-return objectives, the Medical Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Medical Center targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints

(Dollar Amounts Expressed in Thousands)

8. Endowments (continued)

Interpretation of Relevant Law: The Medical Center has interpreted UMIFA, the predecessor to UPMIFA, as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as unrestricted net assets (generally the appreciation and investment earnings) if the funds can be used at the discretion of the Medical Center, or as temporarily restricted net assets until the donor's restriction is met The Medical Center typically appropriates temporarily restricted net assets for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA at the time the donor's restriction is met

At December 31, 2013 and 2012, the endowment net asset composition by type of fund is as follows

	Unrestricted	Permanently Restricted*	Total
Donor-restricted endowment funds*	**$ –**	**$ 5,976**	**$ 5,976**
Board-designated endowment funds	**3,727**	**–**	**3,727**
Total funds at December 31, 2013	**$ 3,727**	**$ 5,976**	**$ 9,703**
Donor-restricted endowment funds*	$ –	$ 5,795	$ 5,795
Board-designated endowment funds	2,655	–	2,655
Total funds at December 31, 2012	$ 2,655	$ 5,795	$ 8,450

* Amount excludes $347 and $306 in charitable remainder trust net assets at December 31, 2013 and 2012, respectively

(Dollar Amounts Expressed in Thousands)

8. Endowments (continued)

The changes in endowment net assets for the years ended December 31, 2013 and 2012 are as follows

	Unrestricted	Permanently Restricted	Total
Endowment net assets, end of year December 31, 2011	$ 2,933	$ 5,553	$ 8,486
Investment return			
Investment income	–	117	117
Net depreciation (realized and unrealized)	(789)	–	(789)
Total investment return	2,144	5,670	7,814
Contributions	394	242	636
Other changes			
Transfers to create-board designated endowment funds	117	(117)	–
Endowment net assets, end of year December 31, 2012	2,655	5,795	8,450
Investment return			
Investment income	**–**	**173**	**173**
Net appreciation (realized and unrealized)	**899**	**–**	**899**
Total investment return	**899**	**173**	**1,072**
Contributions	**–**	**181**	**181**
Other changes			
Transfers to create-board designated endowment funds	**173**	**(173)**	**–**
Endowment net assets, end of year December 31, 2013	**$ 3,727**	**$ 5,976**	**$ 9,703**

(Dollar Amounts Expressed in Thousands)

9. Contingencies

Litigation

The Medical Center is a defendant in various legal actions arising from the normal conduct of business Management believes that the ultimate resolution of the various proceedings will not have a material adverse effect upon the financial position, results of operations, or cash flows of the Medical Center

Future Minimum Lease Payments

The Medical Center leases various equipment and office space All leases, except for one equipment lease, are classified as operating leases and have expiration dates ranging from 2014 to 2020 and can generally be renewed, based on the fair market value at the end of the lease term, for one to three years Rent expense for operating leases was $4,931 and $5,009 for 2013 and 2012, respectively

The Medical Center has a capital lease on radiology imaging equipment that has a seven-year term commencing February 1, 2009, with a bargain purchase option at the end of the lease term

Future minimum lease payments under the capital and operating leases for the years subsequent to December 31, 2013 are as follows

	Capital Leases	Operating Leases
2014	$ 691	$ 3,943
2015	691	3,926
2016	57	3,526
2017	–	2,962
2018	–	2,599
Thereafter	–	3,022
Total minimum lease payments	1,439	$ 19,978
Less interest	(135)	
Present value of future minimum capital lease payments	1,304	
Less current obligation under capital lease	(595)	
Long-term capital lease obligation	$ 709	

9. Contingencies (continued)

Seismic Retrofit (unaudited)

The Medical Center is required to comply with the California Hospital Safety Act (SB 1953), which regulates seismic performance standards for all hospital facilities in California SB 1953 requires hospitals that include any existing Structural Performance Category SPC-1 buildings be replaced or structurally improved to higher seismic safety standards (SPC-2 or higher) SB 1953 imposes current and long-range California Building Code compliance deadlines for facility seismic safety assessments, proposed design improvements, submission for appropriate agency review and approval processing of proposed corrective improvements and construction and retrofitting, or replacement of the Medical Center's existing facilities ensuring compliance with all required seismic performance standards The Medical Center is currently engaged in the FEMA (Federal Emergency Management Agency) developed, and California adopted, HAZUS (Hazards USA) computerized analysis modeling for existing structures managed by the State of California Office of Statewide Health Planning and Development (OSHPD) regulatory agency The Medical Center has currently received OSHPD SPC-2 approval reclassification for the 1961 Main Tower, 1953 Pediatrics, 1963 Cafeteria and 1972 Boiler Room buildings The 1972/1963 inpatient building seismic structural improvement construction project has been completed and has been reclassified as SPC-2 The 1961 Dining Building seismic improvement design has been OSHPD reviewed for construction and the work has been completed and has been reclassified as SPC-2 The existing 1913/1928, 1958 lobby and emergency buildings use-occupancy are being submitted for reclassification as non-inpatient facilities The Medical Center is compliant with SB 1953 safety requirements that will allow all existing inpatient facilities to continue uninterrupted services until December 31, 2029 These requirements are expected to result in minimum operational impacts and capital expenditures

Conditional Asset-Retirement Obligation

The Medical Center accounts for conditional asset-retirement obligations in accordance with ASC 410, *Asset Retirement and Environment Obligations* A conditional asset-retirement obligation refers to a legal obligation to perform an asset-retirement activity in which the timing and/or method of settlements are conditional on a future event that may or may not be within the control of the entity Under ASC 410, an entity must record a liability for a conditional asset-retirement obligation if the fair value of the obligation can be reasonably estimated The Medical Center is currently evaluating the renovation and replacement needs for its acute care facilities in order to comply with the California seismic safety standards The existing facilities include

9. Contingencies (continued)

certain aged buildings that, by law, would require asbestos abatement should they be demolished or undergo significant retrofit In addition, the Medical Center may be required to reduce the depreciation periods or carrying values of those buildings that will be demolished and replaced before their original useful lives expire The Medical Center's renovation plans have been completed as of December 31, 2013, and no buildings have been demolished The Medical Center concluded it could not reasonably estimate the fair value of the obligation, and, consequently, no amounts have been recorded in the accompanying consolidated balance sheets There are no plans to sell, remodel, or otherwise dispose of the facilities, which would otherwise result in a determinable settlement date and require the Medical Center to estimate and record the fair value of these obligations prior to that time

10. The California Hospital Fee Program

The California Hospital Fee Program (the Program) was signed into law by the Governor of California and became effective on January 1, 2010 Amending legislation, to conform to changes requested by the Centers for Medicare & Medicaid Services (CMS) during the approval process, was signed into law by the Governor of California and became effective September 8, 2010 The primary legislation (AB 1383) and amending legislation (AB 1653) contain two components The Quality Assurance Fee Act (QAF Act) governs the "hospital fee" or "Quality Assurance Fee" (QA Fee) paid by participating hospitals The Medi-Cal Hospital Provider Stabilization Act governs supplemental Medi-Cal payments (Supplemental Payments) made to providers from the fund Hospital participation is mandatory, with limited exceptions The QAF Act was further expanded for 30 months from July 1, 2011 through December 31, 2013 with SB 335 and SB 920 The 30-month program is the third hospital fee implemented in California and it decouples the Fee-For-Service payments from the Managed Care component of the program The portion of the legislation addressing the Fee-For-Service payment was approved in June 2012 The Managed Care portion from July 1, 2011 to June 30, 2012 and July 1, 2012 to June 30, 2013 was approved in May 2013 and June 2013, respectively The Managed Care portion of the payment from July 1, 2013 to December 31, 2013 is pending CMS approval, at which time the respective payment will be recorded

The Medical Center expensed payments to DHCS in the consolidated statements of operations for the QA Fee in the amount of $35,417 in 2013 and $37,490 in 2012 The Medical Center also recorded Pledge payments of $3,592 in 2013 and $1,992 in 2012 The QA fee and pledge payments are recorded in California hospital fee quality assurance fee and pledge payments

(Dollar Amounts Expressed in Thousands)

10. The California Hospital Fee Program (continued)

within the accompanying consolidated statements of operations The Medical Center recognized supplemental payments of $88,555 in 2013, which pertains to the period January 1, 2013 to December 31, 2013 for the Fee-For-Service portion, and July 1, 2011 to June 30, 2013 for the Managed Care portion The Medical Center recognized supplemental payments of $66,997 in 2012, which pertains to the period July 1, 2011 to December 31, 2012, for the Fee-For-Service portion The Medical Center recorded the Supplemental Payments as revenue within the accompanying consolidated statements of operations

11. Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program for eligible providers that adopt and meaningfully use certified EHR technology As a result of having demonstrated and attested specific meaningful-use requirements, PVHMC recorded $4 7 million within other operating revenue in 2013 to recognize Medicare and Medicaid Meaningful Use Incentive payments

12. Functional Expenses

The Medical Center provides general health care services to residents within its geographic location Expenses related to providing these services are as follows

	Year Ended December 31	
	2013	**2012**
Health care services	**$ 432,666**	$ 429,683
General and administrative	**47,351**	41,725
	$ 480,017	$ 471,408

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