

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning SEP 1, 2015 **and ending** JUN 30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CFHS HOLDINGS, INC.		D Employer identification number 20-1645949
	Doing business as MARINA DEL REY HOSPITAL		E Telephone number 310-448-7881
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4650 LINCOLN BLVD		G Gross receipts \$ 80,618,637.
	City or town, state or province, country, and ZIP or foreign postal code MARINA DEL REY, CA 90292		
F Name and address of principal officer MARK GAVENS 8700 BEVERLY BLVD., LOS ANGELES, CA 90048		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.MARINAHOSPITAL.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 2004 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	795
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		3,024,613.
	9 Program service revenue (Part VIII, line 2g)		76,533,037.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,952.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,020,035.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,618,637.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			45,800,170.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.
b Total fundraising expenses (Part IX, column (D), line 25)			0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			41,553,394.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		87,389,664.	
19 Revenue less expenses Subtract line 18 from line 12		<6,771,027.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		63,499,957.
	22 Net assets or fund balances. Subtract line 21 from line 20		36,799,379.
			26,700,578.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARY KATHRYN HAMMACK, TREASURER <i>Mary Kathryn Hammack</i>	5-9-17			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KARA ADAMS	<i>Kara Adams</i>	05/09/17	<input type="checkbox"/>	P00023315
Preparer Use Only	Firm's name	Firm's EIN			
	ERNST & YOUNG U.S. LLP	34-6565596			
	Firm's address	Phone no. (949) 794-2300			
	18101 VON KARMAN AVENUE, SUITE 1700 IRVINE, CA 92612				

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

SCANNED JUN 07 2017

610 SCHEDULE H 2

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:
* TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE
* TO BE RECOGNIZED FOR MEDICAL EXCELLENCE
* TO STRIVE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY

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 \$ 70,201,991. including grants of \$ 36,100.) (Revenue \$ 77,553,072.)
CFHS HOLDINGS, INC., DOING BUSINESS AS MARINA DEL REY HOSPITAL ("THE HOSPITAL"), IS A 133-BED NON-PROFIT HOSPITAL AND AFFILIATE OF THE CEDARS-SINAI HEALTH SYSTEM. WE ARE FULLY ACCREDITED WITH THE NATIONALLY RECOGNIZED JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) FOR SAFE AND EFFECTIVE QUALITY CARE. WE HAVE 24-HOUR EMERGENCY CARE, ICU, TELEMETRY, INPATIENT AND OUTPATIENT DIAGNOSTIC SERVICES, AND THE MOST ADVANCED SURGICAL TECHNOLOGY AVAILABLE, CAREFULLY PRACTICED UNDER THE WATCHFUL EYES AND SKILLED HANDS OF OUR WORLD-CLASS PHYSICIANS, NURSES AND HEALTH PROFESSIONALS. MARINA DEL REY HOSPITAL IS DEDICATED TO PATIENT-FOCUSED, PERSONALIZED CARE TO ACHIEVE THE HIGHEST LEVEL OF PATIENT OUTCOMES AND SATISFACTION. (SEE SCHEDULE O FOR CONTINUATION)

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 70,201,991.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O reference

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7) and (12) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 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.		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a The governing body?	X	
8b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
15a The organization's CEO, Executive Director, or top management official		X
15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
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?		X
16b 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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records _____
 MARY KATHRYN HAMMACK - 310-448-7881
 4640 ADMIRALTY WAY SUITE 650, MARINA DEL REY, CA 90292

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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS M. PRISELAC CHAIR	5.00 75.00	X						0.	3,223,315.	1,160,592.
(2) VERA GUERIN BOARD MEMBER	5.00 21.00	X						0.	0.	0.
(3) STEVEN KREMS, M.D. BOARD MEMBER	10.00 0.00	X						0.	0.	0.
(4) NICKOLAS TOMASIC, M.D. BOARD MEMBER	10.00 0.00	X						9,500.	0.	0.
(5) LESLIE VERMUT BOARD MEMBER	10.00 6.00	X						0.	0.	0.
(6) THOMAS J. WAFER JR. BOARD MEMBER	5.00 0.00	X						55,500.	0.	0.
(7) WALTER ZIFKIN BOARD MEMBER	10.00 0.00	X						0.	0.	0.
(8) STACY SEAN FOWLER PRESIDENT (9/1/15-5/6/16)	50.00 0.00			X				581,684.	0.	16,363.
(9) MARK GAVENS CEO	6.00 61.00			X				0.	1,443,826.	170,574.
(10) MARY KATHRYN HAMMACK CFO/TREASURER	50.00 5.00			X				182,780.	0.	940.
(11) PAULETTE HEITMEYER COO	50.00 1.00			X				312,730.	0.	7,444.
(12) SHARON MARTINEZ SECRETARY	50.00 1.00			X				100,589.	0.	5,793.
(13) KEVIN NELSON VP SURGICAL SVCS DEVELOPMENT	50.00 0.00					X		363,746.	0.	9,969.
(14) MARK MILLER VP OF BUS DEVELOPMENT	50.00 0.00					X		260,311.	0.	3,630.
(15) SHAWN BOND PHYSICIAN ASST	50.00 0.00					X		221,282.	0.	4,222.
(16) ESTRELLA CABAL CHARGE RN	58.00 0.00					X		188,398.	0.	7,761.
(17) KIMBERLY BOTWIN DIRECTOR PHARMACY	40.00 0.00					X		188,525.	0.	2,686.

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,024,613.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		3,024,613.				
Program Service Revenue	2 a MEDICARE AND MEDICAL	Business Code 622110	48,894,638.	48,894,638.		
	b NET PATIENT REVENUE	622110	24,613,786.	24,613,786.		
	c QAF REVENUE	622110	3,024,613.	3,024,613.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		76,533,037.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		40,952.		40,952.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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					
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	622110	1,020,035.	1,020,035.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,020,035.			
12 Total revenue. See instructions.		80,618,637.	77,553,072.	0.	40,952.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,100.	36,100.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,118,106.	837,461.	280,645.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	15,056.	15,056.		
7 Other salaries and wages	37,831,777.	27,484,083.	10,347,694.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	511,027.	435,000.	76,027.	
9 Other employee benefits	3,395,767.	2,815,000.	580,767.	
10 Payroll taxes	2,928,437.	2,178,700.	749,737.	
11 Fees for services (non-employees):				
a Management	1,198,139.	898,600.	299,539.	
b Legal	198,153.	125,000.	73,153.	
c Accounting	311,586.	78,000.	233,586.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,624,121.	2,718,000.	906,121.	
12 Advertising and promotion	1,047,308.	890,000.	157,308.	
13 Office expenses				
14 Information technology	2,147,430.	1,500,000.	647,430.	
15 Royalties				
16 Occupancy				
17 Travel	22,615.	5,832.	16,783.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,776.	20,000.	18,776.	
20 Interest	222,090.		222,090.	
21 Payments to affiliates	2,419,357.	2,059,350.	360,007.	
22 Depreciation, depletion, and amortization	3,223,958.	2,579,000.	644,958.	
23 Insurance	906,099.	680,000.	226,099.	
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 PROSTHESIS/IMPLANTS	6,476,402.	6,476,402.		
b OTHER MEDICAL SUPPLIES	6,413,913.	6,413,913.		
c QAF EXPENSES	3,660,242.	3,660,242.		
d REPAIRS & MAINTENANCE	2,487,888.	1,866,000.	621,888.	
e All other expenses	7,155,317.	6,430,252.	725,065.	
25 Total functional expenses. Add lines 1 through 24e	87,389,664.	70,201,991.	17,187,673.	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)

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		1 1,726,376.	
	2 Savings and temporary cash investments		2 458,664.	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4 10,841,588.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8 1,538,562.	
	9 Prepaid expenses and deferred charges		9 11,756,859.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,401,785.		
	b Less accumulated depreciation	10b 3,223,877.	0.	10c 37,177,908.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		0.	16 63,499,957.	
Liabilities	17 Accounts payable and accrued expenses		17 18,024,123.	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23 1,996,743.	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		0.	25 16,778,513.
	26 Total liabilities. Add lines 17 through 25		0.	26 36,799,379.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27 26,700,578.	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		0.	33 26,700,578.	
34 Total liabilities and net assets/fund balances		0.	34 63,499,957.	

Part XI Reconciliation 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	80,618,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,389,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	<6,771,027.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
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	33,471,605.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,700,578.

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		X
3b	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		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CFHS HOLDINGS, INC.	Employer identification number 20-1645949
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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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No 1545-0047

2015
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▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CFHS HOLDINGS, INC.

Employer identification number

20-1645949

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on 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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages on 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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" on 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				
b Buildings		26,209,870.	255,596.	25,954,274.
c Leasehold improvements				
d Equipment		10,960,741.	2,968,281.	7,992,460.
e Other		3,231,174.		3,231,174.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				37,177,908.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COST REPORT SETTLEMENT	4,003,272.
(3) DUE TO/FROM RELATED ORGANIZATION	12,670,865.
(4) OTHER LIABILITIES	104,376.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	
16,778,513.	

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" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on 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.

PART X, LINE 2:

THE FOLLOWING STATEMENT IS TAKEN FROM THE CONSOLIDATED AUDITED FINANCIAL

STATEMENTS OF CEDARS-SINAI MEDICAL CENTER THAT INCLUDES CFHS HOLDINGS,

INC.

THE CORPORATION COMPLETED AN ANALYSIS OF ITS TAX POSITIONS, IN ACCORDANCE

WITH ASC 740, INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE CORPORATION HAS RECOGNIZED NO

INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE CORPORATION

IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS; HOWEVER, THERE

ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE CORPORATION

BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS

PRIOR TO 2013.

532054
09-21-15

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Name of the organization CFHS HOLDINGS, INC.	Employer identification number 20-1645949
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Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
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 _____ %
- 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 450 %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a		X
6b		

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			290,000.	0.	290,000.	.33%
b Medicaid (from Worksheet 3, column a)			14,033,095.	3,499,914.	10,533,181.	12.05%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			14,323,095.	3,499,914.	10,823,181.	12.38%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,274.		7,274.	.01%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,000.		30,000.	.03%
j Total. Other Benefits			37,274.		37,274.	.04%
k Total. Add lines 7d and 7j			14,360,369.	3,499,914.	10,860,455.	12.42%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MARINA DEL REY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	X	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):		X
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 _____		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url). _____		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a If "Yes," (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MARINA DEL REY HOSPITAL

		Yes	No
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>450</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply).	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url). <u>SEE PART V, PAGE 7</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group MARINA DEL REY HOSPITAL

	Yes	No
19 Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged		X
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		X
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MARINA DEL REY HOSPITAL:

PART V, SECTION B, LINE 2: CEDARS-SINAI MEDICAL CENTER BECAME THE SOLE

CORPORATE MEMBER OF CFHS HOLDINGS, INC., DOING BUSINESS AS MARINA DEL REY

HOSPITAL ("THE HOSPITAL"), ON SEPTEMBER 1, 2015 AND CONVERTED THE HOSPITAL

FROM A FOR-PROFIT TO A NON-PROFIT ENTITY. THE ACQUISITION WAS PART OF

CEDARS-SINAI MEDICAL CENTER'S ONGOING DEVELOPMENT AS A COMPREHENSIVE

HEALTHCARE ORGANIZATION OFFERING HEALTHCARE SERVICES OPERATING IN MULTIPLE

LOCATIONS, MAKING IT EASIER FOR MORE PEOPLE TO ACCESS COORDINATED QUALITY

CARE CLOSE TO HOME. THE HOSPITAL'S CONVERSION TO NONPROFIT STATUS RESULTS

IN AN ENHANCED ABILITY TO SERVE THE HEALTHCARE NEEDS OF THE LOCAL

COMMUNITY, INCLUDING PROVISION OF COMMUNITY BENEFIT PROGRAMS, CONSISTENT

WITH CEDARS-SINAI'S CHARITABLE PURPOSES.

MARINA DEL REY HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.MARINAHOSPITAL.COM/FINANCIAL-OVERVIEW/ASSISTANCE](https://www.marinahospital.com/financial-overview/assistance)

MARINA DEL REY HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.MARINAHOSPITAL.COM/FINANCIAL-OVERVIEW/ASSISTANCE](https://www.marinahospital.com/financial-overview/assistance)

MARINA DEL REY HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.MARINAHOSPITAL.COM/FINANCIAL-OVERVIEW/ASSISTANCE](https://www.marinahospital.com/financial-overview/assistance)

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.

PART I, LINE 7:

FINANCIAL ASSISTANCE AND MEDI-CAL COSTS AS A PERCENTAGE OF TOTAL HOSPITAL EXPENSES WERE DETERMINED BASED ON THE RATIO OF TOTAL FINANCIAL ASSISTANCE AND MEDI-CAL REVENUE OVER TOTAL CHARGES DURING THE 10-MONTH SHORT PERIOD ENDING ON 6/30/2016.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL IS INVOLVED IN COMMUNITY BUILDING ACTIVITIES WHICH PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES. COMMUNITY CONCERNS ARE ADDRESSED SUCH AS HEALTH IMPROVEMENT, POVERTY, AND WORKFORCE DEVELOPMENT. THE HOSPITAL WORKS WITH OTHER TAX-EXEMPT ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS AND DISEASE PREVENTION. THESE ACTIVITIES ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H.

PART III, LINE 2:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE HOSPITAL ESTABLISHES AN

Part VI Supplemental Information (Continuation)

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON MANY FACTORS, INCLUDING
PAYER MIX, AGE OF RECEIVABLES, HISTORICAL CASH COLLECTION EXPERIENCE, AND
OTHER RELEVANT INFORMATION, A SIGNIFICANT PORTION OF THE HOSPITAL'S
UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES
PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITAL'S INSURED PATIENTS
WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES, THUS,
THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS RELATED TO THESE INSURED
AND UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. THE
HOSPITAL WRITES DOWN THE EXPECTED REIMBURSEMENT AFTER REASONABLE
COLLECTION EFFORTS HAVE BEEN EXHAUSTED.

PART III, LINE 3:

IT IS OUR BELIEF THAT \$1,577,510 OF BAD DEBT SHOULD BE INCLUDED AS
COMMUNITY BENEFIT. AS A TAX-EXEMPT HOSPITAL WE MUST PROVIDE NECESSARY
SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE
PROVIDED. AS A NOT-FOR-PROFIT, PATIENT CARE IS PROVIDED TO ALL, REGARDLESS
OF ABILITY TO PAY FOR THAT CARE, MAKING QUALITY PATIENT CARE AVAILABLE TO
ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS, QUALIFIES BAD
DEBTS AS A COMMUNITY BENEFIT. AS PART OF OUR BAD DEBT ASSESSMENT, WE
STUDIED THE CHARACTERISTICS OF THE UNINSURED POPULATION IN OUR RESERVES
AND IDENTIFIED THOSE PATIENTS WHO WERE UNABLE TO PAY FOR ANY OF THEIR
SERVICES. WE BELIEVE THAT THE ESTIMATED AMOUNT ENTERED ON PART III, LINE 3
INCLUDE INDIVIDUALS WHO WOULD HAVE LIKELY QUALIFIED FOR FINANCIAL
ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY AND SHOULD BE COUNTED AS
COMMUNITY BENEFIT.

PART III, LINE 4:

AUDITED FINANCIAL STATEMENTS - PAGE 13

Part VI Supplemental Information (Continuation)

PART III, LINE 6:

MEDICARE ALLOWABLE COSTS AS A PERCENTAGE OF TOTAL HOSPITAL EXPENSES WERE DETERMINED BASED ON THE RATIO OF TOTAL MEDICARE REVENUE OVER TOTAL CHARGES DURING THE 10-MONTH SHORT PERIOD ENDING ON 6/30/2016.

PART III, LINE 8:

IT IS OUR BELIEF THAT ALL OF THE \$13,458,253 SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS.

PART III, LINE 9B:

REASONABLE EFFORTS BASED ON BILLING STATEMENT NOTIFICATION AND AMOUNTS NOT ELIGIBLE: THE HOSPITAL SHALL NOTIFY PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAMS BEFORE INITIATING ANY EXTRAORDINARY COLLECTION ACTIVITIES TO OBTAIN PAYMENT FOR THE CARE AND REFRAIN FROM INITIATING SUCH EXTRAORDINARY COLLECTION ACTIVITIES FOR AT LEAST 120 DAYS FROM THE DATE THE HOSPITAL PROVIDES THE BILLING STATEMENT FOR THE CARE IF THE PATIENT HAS NOT SUBMITTED AN APPLICATION OR THE HOSPITAL HAS DETERMINED THE PATIENT IS NOT

Part VI Supplemental Information (Continuation)

ELIGIBLE FOR FINANCIAL ASSISTANCE FOR THE AMOUNTS SOUGHT TO BE COLLECTED

BASED ON THE PATIENT'S APPLICATION.

NOTIFICATIONS TO PATIENTS 30 DAYS BEFORE ACTIONS:

IN ADDITION TO THE FOREGOING, AT LEAST 30 DAYS BEFORE FIRST INITIATING ANY

EXTRAORDINARY COLLECTION ACTIVITIES, THE HOSPITAL SHALL HAVE PROVIDED THE

PATIENT WITH A WRITTEN NOTICE THAT INDICATES FINANCIAL ASSISTANCE IS

AVAILABLE AS DESCRIBED IN THIS POLICY, IDENTIFY ALL THE EXTRAORDINARY

COLLECTION ACTIVITIES THAT THE HOSPITAL INTENDS TO INITIATE TO OBTAIN

PAYMENT FOR THE CARE, AND THAT STATE A DEADLINE AFTER WHICH SUCH

EXTRAORDINARY COLLECTION ACTIVITIES MAY BE INITIATED (WHICH DATE SHALL BE

NO EARLIER THAN 30 DAYS AFTER THE DATE THAT THE WRITTEN NOTICE IS

PROVIDED). THE NOTICE SHALL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE

HOSPITAL FINANCIAL ASSISTANCE PROGRAMS.

ADDITIONAL ORAL NOTICE BEFORE ACTIONS:

IN ADDITION TO ALL WRITTEN NOTICES, PRIOR TO INITIATING ANY EXTRAORDINARY

COLLECTION ACTIVITIES, THE HOSPITAL SHALL MAKE A REASONABLE EFFORT TO

ORALLY NOTIFY THE PATIENT ABOUT THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS

AND ABOUT HOW THE PATIENT MAY OBTAIN ASSISTANCE WITH THE APPLICATION

PROCESS.

PART VI, LINE 2:

ASSESSING COMMUNITY NEEDS:

THE HOSPITAL IS REQUIRED TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) BY JUNE 30, 2018, FOLLOWED BY AN IMPLEMENTATION STRATEGY. WHILE A

COMPLETE CHNA IS THEREFORE NOT REQUIRED FOR TWO YEARS, THE HOSPITAL HAS

ENGAGED IN A PROCESS TO UNDERSTAND THE COMMUNITY THROUGH DATA ASSESSMENT

AND CONVERSATIONS WITH KEY PARTNERS. BELOW IS A SUMMARY OF HIGH LEVEL

NEEDS VALIDATED BY DATA AND EXPERIENCED ANECDOTALLY THROUGH THE HOSPITAL'S

Part VI Supplemental Information (Continuation)

EMERGENCY ROOM CARE TEAM.

SIGNIFICANT HEALTH NEEDS:

HEALTH NEEDS WERE IDENTIFIED FROM SECONDARY DATA USING THE SIZE OF THE PROBLEM (RELATIVE PORTION OF POPULATION AFFLICTED BY THE PROBLEM) AND THE SERIOUSNESS OF THE PROBLEM (IMPACT AT INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS). TO DETERMINE SIZE OR SERIOUSNESS OF THE PROBLEM, THE HEALTH NEED INDICATORS IDENTIFIED IN THE SECONDARY DATA WERE MEASURED AGAINST BENCHMARK DATA, SPECIFICALLY COUNTY RATES, STATE RATES AND/OR HEALTHY PEOPLE 2020 OBJECTIVES. INDICATORS RELATED TO THE HEALTH NEEDS THAT PERFORMED POORLY AGAINST ONE OR MORE OF THESE BENCHMARKS MET THIS CRITERION TO BE CONSIDERED A HEALTH NEED.

- * ACCESS TO HEALTH CARE
* CANCER
* CARDIOVASCULAR DISEASE
* HOMELESSNESS
* MENTAL HEALTH
* OVERWEIGHT AND OBESITY
* PREVENTIVE PRACTICES (IMMUNIZATIONS AND SCREENINGS)
* SUBSTANCE ABUSE

MEETING THE NEEDS OF THE COMMUNITY:

IN FISCAL YEAR 2016, THE HOSPITAL ENGAGED KEY PARTNERS TO SUPPORT CARING FOR THE HOMELESS POPULATION OF MARINA DEL REY. HOMELESSNESS IS PREVALENT IN THE BEACH CITIES AREA OF THE HOSPITAL. A SIGNIFICANT NUMBER OF THE HOSPITAL'S EMERGENCY ROOM PATIENT VISITS ARE WITH HOMELESS INDIVIDUALS WHO RESIDE IN THE AREA. IN AN EFFORT TO BEGIN STRATEGIC AND REGIONAL PROBLEM-SOLVING OF HOMELESSNESS IN THE AREA, THE HOSPITAL HAS ACTIVELY

Part VI Supplemental Information (Continuation)

SOUGHT OUT PARTNERS AND COLLABORATIVES IN ORDER TO UNDERSTAND AND SERVE
THE COMMUNITY BETTER.

GRANT-MAKING:

IN FISCAL YEAR 2016, THE HOSPITAL DISTRIBUTED GRANTS TO LOCAL HOMELESS

SERVICE ORGANIZATIONS:

* OCEAN PARK COMMUNITY CENTER (THE PEOPLE CONCERN)

* ST. JOSEPH'S CENTER

* VENICE FAMILY CLINIC'S INTEGRATED MOBILE HEALTH TEAM

COLLABORATIVE WORK:

IN FISCAL YEAR 2016, THE HOSPITAL GREW PARTICIPATION IN LOCAL EFFORTS TO

ASSIST HOMELESS INDIVIDUALS IN THE COMMUNITY:

* LOS ANGELES CITY COUNCILMEMBER MIKE BONIN'S COLLABORATIVE EFFORTS

* WESTSIDE HEALTH ACCESS STAKEHOLDER GROUP, EMERGENCY DEPARTMENT COMMITTEE

UNDER THE LEADERSHIP OF VENICE FAMILY CLINIC

* CITY-WIDE HOMELESSNESS COLLABORATIVES AS APPROPRIATE

ADDITIONAL COMMUNITY PROGRAMS:

* COMMUNITY HEALTH FAIR

* COMMUNITY YOGA CLASSES

* COMMUNITY DANCE FITNESS CLASSES

* MENOPAUSE SUPPORT AND EDUCATION GROUPS (RED HOT MAMAS)

* PARTICIPATION IN LOCAL COMMUNITY EVENTS

IN FISCAL YEAR 2017, THE HOSPITAL WILL EXPAND PARTNERSHIPS SEEKING TO

ADDRESS THE HOMELESSNESS CRISIS IN LOS ANGELES COUNTY, IN PARTICULAR

WITHIN THE BEACH CITIES AREA. ADDITIONALLY, THE HOSPITAL WILL ENGAGE IN

Part VI Supplemental Information (Continuation)

COMMUNITY BENEFIT PROGRAMS AND SERVICES THAT SEEK TO ADDRESS IDENTIFIED

SIGNIFICANT HEALTH NEEDS. THE HOSPITAL, AS A NEWLY ESTABLISHED NONPROFIT

MEDICAL CENTER, IS IN THE PROCESS OF PLANNING FOR FISCAL YEAR 2017

COMMUNITY BENEFIT EFFORTS.

PART VI, LINE 3:

THE HOSPITAL PROVIDES THE FOLLOWING NOTICES REGARDING FULL AND PARTIAL

FINANCIAL ASSISTANCE FOR THE FINANCIALLY QUALIFIED PATIENTS.

A) POSTED SIGNAGE - NOTICE OF THIS POLICY IS POSTED IN THE FOLLOWING

LOCATIONS: THE EMERGENCY DEPARTMENT, THE ADMITTING DEPARTMENT, CENTRALIZED

AND DECENTRALIZED REGISTRATION AREAS AND OTHER OUTPATIENT SETTINGS AS

DEEMED APPROPRIATE.

B) NOTICES HAND-DELIVERED TO PATIENTS - DURING THE REGISTRATION OR

ADMISSION PROCESS (OR OTHERWISE PRIOR TO DISCHARGE), PATIENTS SHALL BE

PROVIDED A PLAIN LANGUAGE SUMMARY OF THIS POLICY AND THE HOSPITAL'S OTHER

FINANCIAL ASSISTANCE PROGRAMS IN THE FORM OF THE SUMMARY OF FINANCIAL

ASSISTANCE POLICY AND OTHER PROGRAMS. PATIENTS WILL BE ASKED TO

ACKNOWLEDGE RECEIPT OF THIS VIA AN ELECTRONIC SIGNATURE. THE NOTICE TO A

SPECIFIC PATIENT WILL BE CONSIDERED CONTINUALLY IN EFFECT UNTIL A REVISION

TO THE FORM IS REQUIRED (AND A NEW ACKNOWLEDGEMENT OBTAINED) OR THREE

YEARS FROM THE DATE OF THE ORIGINAL ACKNOWLEDGEMENT.

C) PATIENT STATEMENT NOTICES - THE HOSPITAL WILL PRINT A NOTICE ON THE

SIDE OF THE LAST PAGE OF THE PATIENT BILLING STATEMENTS THAT WILL DESCRIBE

ITS FINANCIAL ASSISTANCE PROGRAMS AND THAT WILL INFORM PATIENTS HOW TO

APPLY FOR FINANCIAL ASSISTANCE UNDER THIS POLICY AND OTHER ASSISTANCE

PROGRAMS.

THE HOSPITAL WILL PRINT ANY WRITTEN NOTICE OR COMMUNICATION DESCRIBED IN

Part VI Supplemental Information (Continuation)

THIS POLICY, INCLUDING ANY PLAIN LANGUAGE SUMMARY OF THE POLICY, ON A
BILLING STATEMENT OR ALONG WITH OTHER DESCRIPTIVE OR EXPLANATORY MATTER,
PROVIDED THAT THE REQUIRED INFORMATION IS CONSPICUOUSLY PLACED AND OF
SUFFICIENT SIZE TO BE CLEARLY READABLE.

THE HOSPITAL MAY PROVIDE ELECTRONICALLY ANY WRITTEN NOTICE OR
COMMUNICATION DESCRIBED IN THIS POLICY TO ANY PATIENT WHO INDICATES HE OR
SHE PREFERS TO RECEIVE THE WRITTEN NOTICE OR COMMUNICATION ELECTRONICALLY.

PART VI, LINE 4:

THE HOSPITAL'S PRIMARY SERVICE AREA INCLUDES NEIGHBORHOODS AND BEACH
CITIES IN EIGHT ZIP CODES ON THE WEST COAST OF LOS ANGELES COUNTY. THE
POPULATION CHARACTERISTICS BELOW ARE AGGREGATED FOR THE HOSPITAL'S EIGHT
ZIP CODES: 90292 (MARINA DEL REY), 90291 (VENICE), 90293 (PLAYA DEL REY),
90230 (CULVER CITY), 90045 (WESTCHESTER/LA), 90066 (MAR VISTA/DEL REY),
90405 (SANTA MONICA) AND 90094 (PLAYA VISTA). ALL OF THE HOSPITAL'S ZIP
CODES ARE LOCATED IN LOS ANGELES COUNTY SERVICE PLANNING AREA (SPA) 5.

POPULATION CHARACTERISTICS:

DATA SOURCE: U.S. CENSUS BUREAU, 2010-2014 AMERICAN COMMUNITY SURVEY

THE HOSPITAL SERVES A POPULATION BASE OF 228,784.

RACE/ETHNICITY:

WHITE - 54.4%

HISPANIC/LATINO - 21.7%

ASIAN - 12.2%

BLACK/AFRICAN AMERICAN - 7.0%

NATIVE HAWAIIAN/PACIFIC ISLANDER - 0.2%

AMERICAN INDIAN/ALASKA NATIVE - 0.2%

Part VI Supplemental Information (Continuation)

OTHER OR MULTIPLE RACES - 4.3%

AGE:

LESS THAN 18 YEARS - 16.0%

18-64 YEARS - 71.1%

65+ YEARS - 12.9%

GENDER:

FEMALE - 49.5%

MALE - 50.5%

SOCIOECONOMIC STATUS:

FAMILIES LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) -

11.2%

FAMILIES LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) -

24.9%

COMMUNITY SUPPORT AND ENGAGEMENT:

THE HOSPITAL IS THE ONLY HOSPITAL LOCATED WITHIN THE 11TH DISTRICT AND IS

ACTIVELY INVOLVED IN THE HOMELESS INITIATIVE, VENICE FORWARD. IN ADDITION,

THE HOSPITAL HAS JOINED FORCES WITH ITS COMMUNITY PARTNERS: VENICE FAMILY

CLINIC, ST. JOSEPH CENTER, OCEAN PARK COMMUNITY CENTER, AND OTHER

NEIGHBORHOOD COUNCILS AND ROTARY CLUBS.

PART VI, LINE 6:

THE HOSPITAL IS AN AFFILIATE OF CEDARS-SINAI HEALTH SYSTEM. THE 133-BED

SURGICAL HOSPITAL IS FULLY ACCREDITED THROUGH THE JOINT COMMISSION FOR

SAFE AND EFFECTIVE QUALITY CARE. BY CONCENTRATING FOUR AREAS OF EXPERTISE:

SPINE, WEIGHT LOSS, ORTHOPEDICS, AND MINIMALLY INVASIVE SURGERY, THE

HOSPITAL IS ABLE TO PROVIDE EXCELLENT CARE IN AN INTIMATE, PERSONAL AND

CONVENIENT SETTING.

Part VI Supplemental Information (Continuation)

THE HOSPITAL IS COMMITTED TO THE FOLLOWING:

* COMMITMENT TO THE COMMUNITY: PROVIDING EXCELLENT AND PROMPT ACUTE

MEDICAL SERVICES AND 24/7 EMERGENCY ROOM CARE.

* TALENTED CUSTOMER SERVICE-DRIVEN TEAM: BELIEVES KINDNESS IS JUST AS

IMPORTANT AS STATE-OF-THE-ART MEDICAL TECHNOLOGY.

* NATIONALLY RECOGNIZED PHYSICIANS: RECOGNIZED FOR CLINICAL EXCELLENCE AND

DEVOTED TO DELIVERING COMPASSIONATE, RESPONSIVE CARE.

THE HOSPITAL'S MISSION:

* TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE

* TO BE RECOGNIZED FOR MEDICAL EXCELLENCE

* TO STRIVE TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY.

THE HOSPITAL'S BOARD OF DIRECTORS PROVIDES ORGANIZATIONAL LEADERSHIP IN

FOSTERING THE COMMITMENT TO COMMUNITY BENEFIT. THE BOARD OF DIRECTORS

FUNCTIONS AS AN OVERSIGHT AND POLICY-MAKING BODY FOR THE HOSPITAL'S

COMMUNITY BENEFIT COMMITMENTS, EFFORTS AND STRATEGIC ALIGNMENT WITH

COMMUNITY NEEDS.

DURING THE TAX YEAR, THE HOSPITAL'S COMMUNITY BENEFIT EXPENSE TOTALED

\$10,860,455 DIVIDED AMONG THE FOLLOWING CATEGORIES:

* UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR THE POOR AND UNDERSERVED -

\$10,823,181 (CHARITY CARE - \$290,000; UNREIMBURSED COST: CARING FOR

MEDI-CAL PATIENTS - \$10,533,181)

(EXCLUDES THE UNREIMBURSED COST OF CARING FOR MEDICARE PATIENTS)

COMMUNITY BENEFIT PROGRAMS, INCLUDING CHARITABLE DONATIONS - \$37,274

**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" on 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

2015

Open to Public
Inspection

Name of the organization

CFHS HOLDINGS, INC.

Employer identification number

20-1645949

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	10,000.	0.			GRANT FOR INTEGRATED MOBILE HEALTH TEAM
OCEAN PARK COMMUNITY CENTER 1453 14TH STREET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	10,000.	0.			GRANT FOR COMMUNITY HOMELESS SERVICES
ST JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501(C)(3)	10,000.	0.			GRANT FOR COMMUNITY HOMELESS SERVICES

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

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

3.
0.

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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

PART I, LINE 2,
 THE ORGANIZATION CONSISTENTLY CONTRIBUTES TO WELL ESTABLISHED EXEMPT ORGANIZATIONS AND RELIES ON THE GOVERNING BODY OF EACH OF THESE ORGANIZATIONS TO ENSURE THAT GRANT FUNDS DONATED TO EACH AND EVERY ORGANIZATION ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THE INTENDED USE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CFHS HOLDINGS, INC.

Employer identification number

20-1645949

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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.

PART I, LINE 4B:

THERE ARE TWO NONQUALIFIED DEFERRED COMPENSATION PLANS IN WHICH ONE OR MORE OF THE LISTED PERSONS PARTICIPATE.

THE FIRST PLAN IS A DEFERRED COMPENSATION PLAN. THIS IS A "GRANDFATHERED" TRADITIONAL DEFINED BENEFIT PLAN (NO NEW PARTICIPANTS HAVE BEEN ADDED SINCE 1986). THE BENEFIT FORMULA IS A PERCENTAGE OF THE HIGHEST FIVE YEARS AVERAGE ANNUAL SALARY TIMES THE NUMBER OF YEARS OF ELIGIBLE SERVICE, WITH A MAXIMUM CREDITED SERVICE OF 30 YEARS.

THE SECOND PLAN IS A SUPPLEMENTAL RETIREMENT ALLOWANCE THAT IS PAYABLE DIRECTLY TO THE PARTICIPANTS EACH QUARTER. THE BENEFIT FORMULA FOR THIS PLAN HAS ANNUAL CONTRIBUTIONS THAT ARE EITHER A PERCENTAGE OF SALARY, OR ARE DESIGNED TO FUND A PERCENTAGE OF THE ESTIMATED FINAL 5-YEAR AVERAGE SALARY. ONE OR MORE INDIVIDUALS ALSO RECEIVED PAYOUTS FROM AMOUNTS ACCRUED IN PRIOR YEARS.

THE FOLLOWING LISTED PERSONS RECEIVED PAYMENTS DURING THE YEAR ENDED

DECEMBER 31, 2015 RELATED TO THE PLANS REFERENCED ABOVE. THESE PAYMENTS ARE

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

INCLUDED IN SCHEDULE J, PART II AND ARE NOT INCREMENTAL PAYMENTS.

MARK GAVENS 172,348

THOMAS M. PRISELAC 686,536

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
KATHY WAFER	PART V NARRATIVE -	15,056	PART V NARR		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KATHY WAFER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PART V NARRATIVE - FAMILY MEMBER OF THOMAS WAFER, JR., A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PART V NARRATIVE - COMPENSATION FOR

SERVICES AS AN EMPLOYEE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

CFHS HOLDINGS, INC.

Employer identification number

20-1645949

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PAGE 2)

HOSPITAL SERVICES:

24-HOUR EMERGENCY CARE

TELEMEDICINE STROKE PROGRAM

INTENSIVE CARE UNIT

TELEMETRY (CARDIAC MONITORED BEDS)

INPATIENT AND OUTPATIENT CARE

INPATIENT AND OUTPATIENT DIAGNOSTIC SERVICES - IMAGING,

GASTROINTESTINAL, LABORATORY, CARDIOLOGY AND EMERGENCY

NATIONALLY-RECOGNIZED SURGERY PROGRAMS (SPINE, BARIATRIC, AND ROBOTIC)

THE MOST ADVANCED SURGICAL TECHNOLOGY AVAILABLE, PRACTICED UNDER THE

WATCHFUL EYES AND SKILLED HANDS OF OUR WORLD-CLASS PHYSICIANS, NURSES

AND HEALTH PROFESSIONALS - MAKO ORTHOPAEDIC, DA VINCI (MINIMALLY

INVASIVE SURGICAL SERVICES - HERNIA, APPENDECTOMY, GALLBLADDER, COLON,

ANTI REFLUX, BARIATRIC)

IMAGING

HOSPITAL STATISTICS:

EMPLOYEES 650

PHYSICIANS WITH HOSPITAL PRIVILEGES 380

SURGEONS WITH HOSPITAL PRIVILEGES 180

NUMBER OF SURGERIES ANNUALLY 3,943

NUMBER OF ER VISITS ANNUALLY 29,309

PAYOR % - HMO/PPO* (51.4%)

*MEDICARE (33.9%); MEDI-CAL (5.3%); COMMERCIAL/OTHER (6.5%);

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

CFHS HOLDINGS, INC.

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SELF-PAY/CHARITY (2.9%)

COMMUNITY SUPPORT AND ENGAGEMENT HIGHLIGHTS

- SINCE 2004, OVER \$50 MILLION DOLLARS OF RENOVATIONS HAVE BEEN

COMPLETED TO BETTER SERVE MARINA DEL REY AND THE SURROUNDING

COMMUNITIES OF WESTCHESTER, PLAYA VISTA, AND VENICE.

- EVEN DURING HISTORIC HEALTHCARE REFORM, MARINA DEL REY HOSPITAL

(MDRH) HAS EXPERIENCED TREMENDOUS GROWTH OVER THE PAST DECADE WITH A

56% INCREASE IN ADMISSIONS, A 51% INCREASE IN SURGERIES, AND AN

INCREASE FROM 4 TO 6 OPERATING ROOMS.

- MDRH IS ACCREDITED TO SERVE OUR COMMUNITY WITH A FULLY STAFFED,

15-BED EMERGENCY DEPARTMENT AND NATIONALLY-RECOGNIZED SURGERY PROGRAMS

(SPINE, BARIATRIC, AND ROBOTIC). WE TREAT OVER 29,000 PATIENTS IN OUR

EMERGENCY DEPARTMENT AND PERFORM JUST UNDER 4,000 SURGICAL CASES

ANNUALLY.

- OUR TWO OUTPATIENT CLINICS ARE NATIONALLY RECOGNIZED AS LEADING

SURGICAL CENTERS OF CARE. THE MARINA SPINE CENTER IS A

MULTIDISCIPLINARY CENTER OFFERING COMPREHENSIVE SPINE SERVICES, FROM

EVALUATION AND DIAGNOSIS TO SURGERY AND REHABILITATION. OUR MARINA

WEIGHT LOSS CLINIC IS ACCREDITED BY THE METABOLIC AND BARIATRIC SURGERY

ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) FOR EXCELLENCE.

- MARINA DEL REY HOSPITAL IS THE ONLY HOSPITAL LOCATED WITHIN LOS

ANGELES' 11TH DISTRICT, AND WE ARE ACTIVELY INVOLVED IN COUNCILMAN MIKE

BONIN'S HOMELESS INITIATIVE, VENICE FORWARD. IN ADDITION, WE HAVE

JOINED FORCES WITH OUR COMMUNITY PARTNERS (VENICE FAMILY CLINIC, ST.

JOSEPH CENTER, AND OPCC) TO HELP STEM THE HOMELESS CRISIS ON THE

WESTSIDE.

- ALTHOUGH HEALTHCARE REFORM AND THE AFFORDABLE CARE ACT HAVE PLACED

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SIGNIFICANT FINANCIAL CHALLENGES ON SMALL, COMMUNITY HOSPITALS LIKE

MDRH THROUGH REIMBURSEMENT REDUCTIONS AND THE TRANSITION OF CARE TO

OTHER HEALTHCARE ENTITIES, MDRH HAS REMAINED RESILIENT IN OUR MISSION

TO SERVE OUR LOCAL COMMUNITY.

- OUR PATIENT-CENTRIC APPROACH ALLOWS US TO ATTRACT AND RETAIN ELITE,

PRIVATE PRACTICE SURGEONS AND EXTEND WORLD-CLASS CARE IN AN INTIMATE

SETTING. FROM TREATING PROFESSIONAL ATHLETES TO LOCAL FIREMEN AND

POLICE OFFICERS, OUR SURGEONS AND PRIMARY CARE PHYSICIANS SERVE OUR

COMMUNITY PROUDLY.

WE LOOK FORWARD TO CONTINUED GROWTH AS A NEW MEMBER OF THE CEDARS-SINAI

HEALTH SYSTEM.

PROGRAM ACCOMPLISHMENTS/DEVELOPMENT:

CARDIAC PROGRAM (MAY 2016)

- PARTNERING WITH CEDARS-SINAI'S CARDIOLOGY DIVISION

- PROGRAM LAUNCH IN MAY 2016

- ONCE STEMI (HEART ATTACK) DIAGNOSED, TEAM WORKS WITH MDRH AND

CEDARS-SINAI CARDIOLOGISTS TO PROVIDE COMPREHENSIVE CARE

TELE-STROKE PROGRAM (FEBRUARY 2017)

- COLLABORATING WITH CEDARS-SINAI'S NEUROLOGY DEPARTMENT

- TELEMEDICINE FOR SUSPECT AND DIAGNOSED STROKE

- ONBOARDING NEUROLOGISTS INCLUDING APPOINTMENT OF FIRST STROKE

DIRECTOR

- EDUCATION/TRAINING TO COMMUNITY IS ONGOING

- WORKING TOWARD PRIMARY STROKE CENTER CERTIFICATION

Name of the organization CFHS HOLDINGS, INC.	Employer identification number 20-1645949
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JOINT REPLACEMENT SERVICE LINE

- PURCHASED MAKO ROBOT
- DECEMBER 2016 GO LIVE
- PARTNERING WITH CEDARS-SINAI, FOUNDATION AND KERLAN/JOBE ORTHOPAEDIC

CLINIC (DR. TIBERI)

- ONE OF FIVE HOSPITALS IN THE SOUTHWEST REGION TO HAVE THE MAKO AND THE ONLY HOSPITAL WITH THE MAKO TOTAL KNEE CAPABILITY

OTOLARYNGOLOGIST - EARS, NOSE AND THROAT (ENT) PROGRAM

- COLLABORATING WITH CEDARS-SINAI FOUNDATION ENT (DR. GENE LIU)
- EXPANDING SERVICES

FORM 990, PART VI, SECTION A, LINE 6:

CEDARS-SINAI MEDICAL CENTER IS THE SOLE CORPORATE MEMBER OF CFHS HOLDINGS, INC. DOING BUSINESS AS MARINA DEL REY HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7A:

CEDARS-SINAI MEDICAL CENTER, AS THE SOLE CORPORATE MEMBER, CAN ELECT BOARD OF DIRECTORS TO MARINA DEL REY HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7B:

RESERVED RIGHTS OF CEDARS-SINAI MEDICAL CENTER, THE SOLE CORPORATE MEMBER OF MARINA DEL REY HOSPITAL ("THE HOSPITAL").

THE FOLLOWING ACTIONS MUST BE APPROVED OR ACTED UPON BY CEDARS-SINAI

MEDICAL CENTER BEFORE BECOMING EFFECTIVE:

(A) ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE HOSPITAL;

Name of the organization CFHS HOLDINGS, INC.	Employer identification number 20-1645949
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(B) ANY AMENDMENT TO THE HOSPITAL'S PURPOSE OR MISSION;

(C) ANY CHANGE IN THE MEMBERSHIP OR MEMBERSHIP POWERS OF THE HOSPITAL OR ITS SUBSIDIARY;

(D) HIRING, ELECTING, REMOVING, OR TERMINATING ANY OF THE OFFICERS OF THE HOSPITAL;

(E) REMOVAL AND APPOINTMENT OF DIRECTORS OF THE HOSPITAL;

(F) CHANGING THE NUMBER OF DIRECTORS ON THE BOARD OF DIRECTORS;

(G) SELECTION AND APPOINTMENT OF THE AUDITORS AND LEGAL COUNSEL OF THE HOSPITAL;

(H) ANY SALE OR OTHER DISPOSITION OF ALL OR A SUBSTANTIAL PORTION OF THE ASSETS OF THE HOSPITAL;

(I) MERGER, CONSOLIDATION, REORGANIZATION, DIVESTITURE, AFFILIATION, LIQUIDATION, OR DISSOLUTION;

(J) BORROWING MONEY AND INCURRING INDEBTEDNESS ON BEHALF OF THE HOSPITAL;

(K) APPROVING THE HOSPITAL'S ANNUAL OPERATING AND CAPITAL BUDGETS;

(L) DECLARING OR CONSENTING TO THE FILING OF PROCEEDINGS TO DECLARE BANKRUPTCY.

FORM 990, PART VI, SECTION B, LINE 11:

THE REVIEW OF THE FORM 990 INVOLVES VARIOUS MANAGEMENT PERSONNEL INCLUDING THE HOSPITAL'S TREASURER, AND A BIG FOUR ACCOUNTING FIRM. A COMPLETE COPY WILL BE PRESENTED AT A BOARD OF DIRECTORS' MEETING TO BE HELD ON MAY 24TH. THE TIMING OF THE BOARD OF DIRECTORS' MEETING DID NOT ALLOW FOR REVIEW IN ADVANCE OF THE SHORT-YEAR FILING DUE DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PURPOSE OF THE CONFLICTS OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF THE HOSPITAL WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR

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ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR
 DIRECTOR OF THE HOSPITAL OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT
 TRANSACTION. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY
 APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO THE
 HOSPITAL.

DEFINITIONS:

INTERESTED PERSON - ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A
 COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT
 FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON. IF A PERSON
 IS AN INTERESTED PERSON WITH RESPECT TO ANY ENTITY IN THE HEALTH CARE
 SYSTEM OF WHICH THE HOSPITAL IS A PART, HE OR SHE IS AN INTERESTED PERSON
 WITH RESPECT TO ALL ENTITIES IN THE HEALTH CARE SYSTEM.

FINANCIAL INTEREST - A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS,
 DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR FAMILY:

- A) AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE
 HOSPITAL HAS A TRANSACTION OR ARRANGEMENT, OR
 - B) A COMPENSATION ARRANGEMENT WITH THE HOSPITAL OR WITH ANY ENTITY OR
 INDIVIDUAL WITH WHICH THE HOSPITAL HAS A TRANSACTION OR ARRANGEMENT, OR
 - C) A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION
 ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE HOSPITAL IS
 NEGOTIATING A TRANSACTION OR ARRANGEMENT.
- COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR
 FAVORS THAT ARE SUBSTANTIAL IN NATURE. A FINANCIAL INTEREST IS NOT
 NECESSARILY A CONFLICT OF INTEREST UNTIL DETERMINED TO BE SO BY THE BOARD
 OF DIRECTORS ("BOARD") OR A COMMITTEE OF THE BOARD WITH BOARD-DELEGATED
 POWERS ("COMMITTEE").

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PROCEDURES:

DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF

INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER

FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE

PROPOSED TRANSACTION OR ARRANGEMENT.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS - AFTER DISCLOSURE OF THE

FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO, AND AFTER ANY

DISCUSSION THEREOF, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR

COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON.

THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF

INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE

MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING

THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT

INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT

A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

PROPOSED TRANSACTION OR ARRANGEMENT.

C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE

WHETHER THE HOSPITAL CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT

GIVE RISE TO A CONFLICT OF INTEREST.

D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF

INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

Name of the organization CFHS HOLDINGS, INC.	Employer identification number 20-1645949
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HOSPITAL'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE HOSPITAL AND SHALL MAKE ITS DECISIONS AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY:

A) IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B) IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

RECORDS OF PROCEEDINGS:

THE MINUTES OF THE BOARD AND ALL COMMITTEES SHALL CONTAIN:

A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.

B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.

COMPENSATION:

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A) A VOTING MEMBER OF THE BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE HOSPITAL FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

B) A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE HOSPITAL FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

C) NO VOTING MEMBER OF THE BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE HOSPITAL, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION.

D) PHYSICIANS WHO RECEIVE COMPENSATION FROM THE HOSPITAL, WHETHER DIRECTLY OR INDIRECTLY OR AS EMPLOYEES OR INDEPENDENT CONTRACTORS, ARE PRECLUDED FROM MEMBERSHIP ON ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS. NO PHYSICIAN, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING PHYSICIAN COMPENSATION.

E) NO MEMBER OF THE BOARD OR ANY COMMITTEE SHALL RECEIVE, DIRECTLY OR INDIRECTLY, ANY COMPENSATION WHATSOEVER FROM THE HOSPITAL FOR HIS OR HER SERVICE AS A MEMBER OF THE BOARD OR SUCH COMMITTEE, ALTHOUGH ACTUAL EXPENSES MAY BE REIMBURSED.

ANNUAL STATEMENTS:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE SHALL ANNUALLY

SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B) HAS READ AND UNDERSTANDS THE POLICY,

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C) HAS AGREED TO COMPLY WITH THE POLICY, AND

D) UNDERSTANDS THE HOSPITAL IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

PERIODIC REVIEWS:

TO ENSURE THAT THE HOSPITAL OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS

TAX-EXEMPT STATUS, THE HOSPITAL SHALL CONDUCT PERIODIC REVIEWS OF THE

IMPLEMENTATION OF THE POLICY. THE PERIODIC REVIEWS SHALL, AT A MINIMUM,

INCLUDE THE FOLLOWING SUBJECTS:

A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON

COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING,

B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT

ORGANIZATIONS, IF ANY, CONFORM TO THE HOSPITAL'S WRITTEN POLICIES, ARE

PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND

SERVICES, FURTHER CHARITABLE PURPOSES, AND DO NOT RESULT IN INUREMENT,

IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESS BENEFIT TRANSACTION.

USE OF OUTSIDE EXPERTS:

WHEN CONDUCTING PERIODIC REVIEWS, THE HOSPITAL MAY, BUT NEED NOT, USE

OUTSIDE ADVISORS. IF OUTSIDE ADVISORS ARE USED, THEIR USE SHALL NOT RELIEVE

THE BOARD OF ITS RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE

CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15:

THE HOSPITAL'S CHIEF EXECUTIVE OFFICER IS COMPENSATED BY THE HOSPITAL'S

SOLE CORPORATE MEMBER, CEDARS-SINAI MEDICAL CENTER. THE EXECUTIVE

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PERSONNEL COMMITTEE OF CEDARS-SINAI MEDICAL CENTER REVIEWS AND APPROVES THE

CHIEF EXECUTIVE OFFICER'S COMPENSATION.

SINCE THE HOSPITAL DOES NOT COMPENSATE ITS CHIEF EXECUTIVE OFFICER, THE

RESPONSE TO THIS QUESTION IS NO, IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS

FROM THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE

TAX YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONVERSION TO TAX-EXEMPT - RETAINED EARNINGS ADJUSTMENT 33,471,605.

FORM 990, PART XII, LINE 2C:

CEDARS-SINAI MEDICAL CENTER BECAME THE SOLE CORPORATE MEMBER OF THE

HOSPITAL ON SEPTEMBER 1, 2015. AS A RESULT, THE HOSPITAL'S FINANCIAL

STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH ITS PARENT FOR

FISCAL YEAR ENDED JUNE 30, 2016. THIS NECESSITATED A CHANGE IN THE

ACCOUNTING FIRM ENGAGED TO PERFORM THE AUDIT OF THE HOSPITAL'S

FINANCIAL STATEMENT TO ITS PARENT'S ACCOUNTANT, ERNST & YOUNG LLP.

FURTHERMORE, THE CORRESPONDING OVERSIGHT OF THE AUDIT WAS PERFORMED BY

ITS PARENT'S AUDIT COMMITTEE.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
CEDARS-SINAI BH ASC, LLC - 81-2266744, 200 N. ROBERTSON BLVD. #101, BEVERLY HILLS, CA 90211	HOLDING COMPANY	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
CS-BH ASC HOLDINGS, LLC - 81-2246488, 200 N. ROBERTSON BLVD. #101, BEVERLY HILLS, CA 90211	HOLDING COMPANY	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
DEL REY SURGERY CENTER, LLC - 46-2305372, 4640 ADMIRALTY WAY, #1020, MARINA DEL REY, CA 90292	AMBULATORY SURGERY CENTER	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
DEL REY SURGERY INVESTORS, LLC - 36-4756208, 8700 BEVERLY BLVD., LOS ANGELES, CA 90048	INVESTMENT IN AMBULATORY SURGERY CENTER	DE	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CENTINELA FREEMAN HOLDINGS, INC - 59-3811890 4650 LINCOLN BLVD.	REAL ESTATE RENTALS	CA	N/A	C CORP	N/A	N/A	N/A		X
MARINA DEL REY, CA 90292 GREATER VALLEY MGMT SERVICES ORGANIZATION, INC. - 95-4439758, 6500 WILSHIRE BLVD., 9TH FLOOR, LOS ANGELES, CA 90048	DISSOLVED (OCT, 2015)	CA	N/A	C CORP	N/A	N/A	N/A		X
OPTIMATRIX HEALTH SOLUTIONS, INC. - 95-4522779, 6500 WILSHIRE BLVD., 9TH FLOOR, LOS ANGELES, CA 90048	INACTIVE	CA	N/A	C CORP	N/A	N/A	N/A		X
OTOHARMONICS CORPORATION - 46-1119421 411 SW 6TH AVE PORTLAND, OR 97204	HEALTHCARE PRODUCT DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A		X

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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.

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l		X
1m	X	
1n		X
1o		X
1p		X
1q	X	
1r		X
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CENTINELA FREEMAN HOLDINGS, INC.	K	1,741,667	FAIR MARKET VALUE
(2)	CENTINELA FREEMAN HOLDINGS, INC.	Q	2,400,117	FAIR MARKET VALUE
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Lined area for providing supplemental information.