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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 <div> <div>2015</div> <div>Open to Public Inspection</div> </div>
	<div> <div>2015</div> <div>Open to Public Inspection</div> </div>	

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MISSION HOSPITAL REGIONAL MEDICAL CENTER		D Employer identification number 95-1643360
	% AARON NEUHARTH		E Telephone number (949) 364-1400
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 27700 MEDICAL CENTER ROAD	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code MISSION VIEJO, CA 92691		G Gross receipts \$ 598,915,252
F Name and address of principal officer TAREK SALAWAY 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ WWW.MISSION4HEALTH.COM		H(c) Group exemption number ▶ 0928	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1941	M State of legal domicile CA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE ARE COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRA MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY IMPROVING THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITIES		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,777
	6 Total number of volunteers (estimate if necessary)	6	795
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	816,548
	b Net unrelated business taxable income from Form 990-T, line 34	7b	327,732
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,004,959	15,702,542
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	541,591,696	574,711,038
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,683,753	6,792,910
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	358,263	438,189
		562,638,671	597,644,679
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,912,473	7,943,861
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	204,741,006	224,258,818
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,395	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,004,346		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	319,866,281	326,988,607
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	531,557,155	559,191,286
	19 Revenue less expenses Subtract line 18 from line 12	31,081,516	38,453,393
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	621,287,911	591,291,434
	21 Total liabilities (Part X, line 26)	331,369,656	316,081,728
	22 Net assets or fund balances Subtract line 21 from line 20	289,918,255	275,209,706

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	<div> <div></div> <div>Signature of officer</div> </div>					2017-05-15
	<div> <div></div> <div>TAREK SALAWAY CEO</div> <div>Type or print name and title</div> </div>					Date
Paid Preparer Use Only	Print/Type preparer's name KARA ADAMS		Preparer's signature KARA ADAMS		Date	Check <input type="checkbox"/> if self-employed PTIN P00023315
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 18101 VON KARMAN AVENUE SUITE 1700 IRVINE, CA 92612					Phone no (949) 794-2300

Part III

Statement of Program Service Accomplishments

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

☐

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1

Briefly describe the organization's mission

WE ARE COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

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 \$ 496,403,563 including grants of \$ 7,943,861) (Revenue \$ 574,711,038)

SEE SCHEDULE O

4b

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

4c

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

4d























Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 496,403,563

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants 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>	22	Yes	
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,777
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	AARON NEUHARTH 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 (949) 364-7767

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

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,621,311	3,572,245	582,408

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 440

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REPUBLIC BUSINESS CREDIT LLC, 24863 NETWORK PLACE DALLAS, TX 75320	STAFFING SERVICES	4,471,827
AMN HEALTHCARE INC, PO BOX 56157 LOS ANGELES, CA 90074	STAFFING SERVICES	2,220,052
DECTON STAFFING SERVICES, PO BOX 75371 CHICAGO, IL 60675	STAFFING SERVICES	1,944,509
ORTHOPEDIC TRAUMA SPECIALIST OF OC, 26730 CROWN VALLEY PKWY MISSION VIEJO, CA 92691	MEDICAL SERVICES	1,867,505
SOUTHERN CALIFORNIA OB GYN, PO BOX 17033 DANA POINT, CA 92629	MEDICAL SERVICES	1,115,875

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 53

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,724,607			
	d	Related organizations	1d	6,477,814			
	e	Government grants (contributions)	1e	175,731			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,324,390			
	g	Noncash contributions included in lines 1a-1f \$		604,993			
	h	Total. Add lines 1a-1f		15,702,542			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 622110	520,285,547	520,285,547	0	0
	b	CAPITATION REVENUE	622110	27,506,630	27,506,630	0	0
	c	MOB RENTAL REVENUE	531120	14,067,420	14,067,420	0	0
	d	CHILDREN'S HOSPITAL AT MISSION	622110	8,044,582	8,044,582	0	0
	e	NUTRITIONAL SERVICES	722310	2,417,194	2,417,194		0
	f	All other program service revenue		2,389,665	1,573,117	816,548	0
	g	Total. Add lines 2a-2f		574,711,038			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,805,126		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)	0 0				
d		Net rental income or (loss)		0			
7a		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)	-12,216				
d		Net gain or (loss)		-12,216			-12,216
8a		Gross income from fundraising events (not including \$ 1,724,607 of contributions reported on line 1c) See Part IV, line 18	a 533,416				
b		Less direct expenses	b 620,236				
c		Net income or (loss) from fundraising events . . .		-86,820			-86,820
9a		Gross income from gaming activities See Part IV, line 19	a 132,310				
b		Less direct expenses	b 42,750				
c		Net income or (loss) from gaming activities		89,560			89,560
10a		Gross sales of inventory, less returns and allowances . .	a 435,449				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . . .		435,449			435,449
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		597,644,679	573,894,490	816,548	7,231,099	

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	7,864,501	7,864,501		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	79,360	79,360		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,273,792	1,436,147	837,645	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	156,782,172	145,647,307	9,033,323	2,101,542
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,255,989	8,551,273	613,414	91,302
9	Other employee benefits	43,190,399	40,078,012	2,703,669	408,718
10	Payroll taxes	12,756,466	11,958,502	558,146	239,818
11	Fees for services (non-employees)				
a	Management	33,276,324	26,392,902	6,883,422	0
b	Legal	2,353,031	-9,246	2,355,577	6,700
c	Accounting	146,608	1,000	0	145,608
d	Lobbying	49,639	49,639	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,657,507	65,180,630	21,263,248	213,629
12	Advertising and promotion	1,605,547	0	1,525,421	80,126
13	Office expenses	16,774,122	15,917,632	796,092	60,398
14	Information technology	997,412	997,412	0	0
15	Royalties	0	0	0	0
16	Occupancy	36,214,670	34,166,807	1,572,090	475,773
17	Travel	657,849	532,308	105,693	19,848
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	109,266	81,909	27,357	0
20	Interest	9,176,818	7,265,734	1,911,084	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	23,273,811	20,943,621	2,323,266	6,924
23	Insurance	3,538,638	0	3,538,638	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Medical Supplies	79,120,700	79,106,393	14,307	0
b	HOSPITAL FEE PROGRAM	28,155,092	28,155,092	0	0
c	INVENTORY VARIANCE	972,843	972,843	0	0
d	LICENSES/TAXES/DUES	732,233	216,578	502,541	13,114
e	All other expenses	3,176,497	817,207	2,218,444	140,846
25	Total functional expenses. Add lines 1 through 24e	559,191,286	496,403,563	58,783,377	4,004,346
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		-6,675,648	1	-4,601,650	
	2	Savings and temporary cash investments		59,835,786	2	49,585,426	
	3	Pledges and grants receivable, net		0	3	506,675	
	4	Accounts receivable, net		71,076,078	4	63,823,223	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		7,019,876	8	7,079,433	
	9	Prepaid expenses and deferred charges		1,344,459	9	1,158,189	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	582,707,060			
	b	Less: accumulated depreciation	10b	248,170,733	331,721,262	10c	334,536,327
	11	Investments—publicly traded securities		96,457,389	11	94,498,136	
	12	Investments—other securities. See Part IV, line 11		24,849,618	12	16,354,828	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		13,717,072	14	13,717,072	
	15	Other assets. See Part IV, line 11		20,984,538	15	14,633,775	
16	Total assets. Add lines 1 through 15 (must equal line 34)		621,287,911	16	591,291,434		
Liabilities	17	Accounts payable and accrued expenses		57,200,826	17	63,646,397	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		274,168,830	25	252,435,331	
	26	Total liabilities. Add lines 17 through 25		331,369,656	26	316,081,728	
	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		197,632,775	27	191,081,132	
28		Temporarily restricted net assets		87,787,309	28	82,114,574	
29		Permanently restricted net assets		4,498,171	29	2,014,000	
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		289,918,255	33	275,209,706	
34		Total liabilities and net assets/fund balances		621,287,911	34	591,291,434	

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	597,644,679
2	Total expenses (must equal Part IX, column (A), line 25)	2	559,191,286
3	Revenue less expenses Subtract line 2 from line 1	3	38,453,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	289,918,255
5	Net unrealized gains (losses) on investments	5	-8,921,576
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-44,240,366
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	275,209,706

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		No
b	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	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER LINDA BUCK BOARD CHAIR	5 0 0 0	X						0	0	0
SISTER MARYANNE HUEPPER BOARD MEMBER	2 0 0 0	X						0	0	0
ELLEN LEWIS MSN FAAN BOARD VICE CHAIR	2 0 0 0	X						0	0	0
FARZAD MASSOUDI MD BOARD MEMBER	2 0 0 0	X						59,130	0	0
SISTER EILEEN MCNERNEY BOARD MEMBER	2 0 0 0	X						0	0	0
ROBERT WINOKUR MD BOARD MEMBER	2 0 0 0	X						0	0	0
RUDY MARQUEZ MD BOARD MEMBER	2 0 0 0	X						0	0	0
JOSEPH ROB BEN BOARD MEMBER	2 0 0 0	X						0	0	0
ED JORDAN BOARD MEMBER	2 0 0 0	X						0	0	0
TODD LEMPERT MD BOARD MEMBER	2 0 0 0	X						166,860	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER MARY BETH INGHAM BOARD MEMBER	2 0 0 0	X						0	0	0
LAUREN DWINELL MD BOARD MEMBER, CHIEF OF STAFF	2 0 0 0	X						17,300	0	0
STEVEN PAL BOARD MEMBER	2 0 0 0	X						0	0	0
MICHAEL MARINO DO BOARD MEMBER, CEO	50 0 2 0	X		X				0	619,475	15,955
KENNETH MCFARLAND BOARD MEMBER & CEO (PART YEAR)	2 0 50 0	X		X				0	810,893	53,149
BETH SCHIMMEL BOARD MEMBER (PART YEAR)	2 0 0 0	X						0	0	0
GEORGE SCHIFFMAN MD BD MMBR/CHIEF OF STAFF (PT YR)	2 0 0 0	X						0	0	0
TARA COWELL VP/ASSOC GENERAL COUNSEL/SEC	2 0 52 0			X				0	443,782	48,813
EILEEN HAUBL VP & CHIEF FINANCIAL OFFICER	50 0 0 0			X				434,131	0	45,182
CYNTHIA MUELLER VP MISSION INTEGRATION	50 0 0 0			X				293,107	0	42,561

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD AFABLE INTERIM CEO	50 0 2 0			X				0	1,279,774	36,583
LINDA JOHNSON CHIEF CLINICAL OFFICER	50 0 0 0				X			438,832	0	50,596
MICHAEL BECK VP INTEGRATED OPERATIONS	50 0 0 0				X			387,974	0	54,128
LINDA SIEGLEN CHIEF MEDICAL OFFICER	50 0 0 0				X			501,835	0	34,775
TERRI FOX-COVERT VP HUMAN RESOURCES	50 0 0 0					X		285,934	0	53,730
CATHLEEN COLLINS CHIEF DEVELOPMENT OFFICER	50 0 0 0					X		286,227	0	27,892
JOCELYN CHOPRA CHARGE NURSE	50 0 0 0					X		279,267	0	35,361
PHUC MAI DIRECTOR - PHARMACY	50 0 0 0					X		236,414	0	31,219
NANETTE PLAZA REGISTERED NURSE	50 0 0 0					X		234,300	0	28,253
DENNIS HAGHIGHAT MD FORMER KEY EMPLOYEE	0 0 50 0						X	0	418,321	24,211

SCHEDULE A
(Form 990 or 990EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches 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 ► <input type="checkbox"/>						

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 for 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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>						

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 from 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 on line 11 of 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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
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.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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 II of Schedule L (Form 990).	8	
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 .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
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 .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>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.</i></div>		
<div>b</div> <div>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 been engaged in? <i>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.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

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)	1	
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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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 From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

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

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

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

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

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		No
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c Media advertisements?		No 0
d Mailings to members, legislators, or the public?		No 0
e Publications, or published or broadcast statements?		No 0
f Grants to other organizations for lobbying purposes?		No 0
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No 0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No 0
i Other activities?		Yes 49,639
j Total Add lines 1c through 1i		49,639
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	OTHER ACTIVITIES DURING THE YEAR, ST JOSEPH HEALTH SYSTEM CONDUCTED ADVOCACY EFFORTS WHICH INCLUDED SOME LOBBYING ACTIVITIES THESE ACTIVITIES INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AS WELL AS COMMUNICATION TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO MISSION HOSPITAL

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,693,718	4,573,054	2,009,707	1,766,554	1,257,495
b Contributions	40,365	47,943	2,176,600	102,259	514,556
c Net investment earnings, gains, and losses	-73,142	118,728	421,408	161,946	10,588
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs	95,886	0	0	0	0
f Administrative expenses	44,686	46,007	34,661	21,052	16,084
g End of year balance	4,520,369	4,693,718	4,573,054	2,009,707	1,766,555

2

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

a

Board designated or quasi-endowment

55 450 %

b

Permanent endowment

44 550 %

c

Temporarily restricted endowment

0 %

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

3a(i)

3a(ii)

Yes

No

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	184,600	38,938,134		39,122,734
b Buildings		307,876,339	98,891,262	208,985,077
c Leasehold improvements		21,039,467	14,668,279	6,371,188
d Equipment		190,522,703	134,582,878	55,939,825
e Other		24,145,817	28,314	24,117,503
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				334,536,327

Schedule D (Form 990) 2015

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.

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE USE OF THE RESTRICTED ENDOWMENTS ARE SPECIFIED WHEN PUT IN PLACE BY THE DONORS LIKE ALL ENDOWMENTS, ONLY THE DISTRIBUTED EARNED INCOME IS AVAILABLE FOR USE THE UNRESTRICTED ENDOWMENT INCOME IS USED AT THE DISCRETION OF THE EXECUTIVE LEADERSHIP OF THE HOSPITAL FOR CAPITAL/BUILDING, EQUIPMENT AND PROGRAM NEEDS

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (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
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Harris Connect INC CHESAPEAKE VA	Telephone OUTREACH		No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Golf (event type)	Gala (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	423,034	1,093,502	741,487	2,258,023
	2 Less Contributions	422,042	821,693	480,872	1,724,607
	3 Gross income (line 1 minus line 2)	992	271,809	260,615	533,416
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	69,516	36,250	0	105,766
	7 Food and beverages	33,086	124,685	92,213	249,984
	8 Entertainment	0	11,500	10,000	21,500
	9 Other direct expenses	91,750	78,131	73,105	242,986
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				620,236
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-86,820

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue			132,310	132,310
	2 Cash prizes			3,750	3,750
	3 Noncash prizes			39,000	39,000
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				42,750
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				89,560

9 Enter the state(s) in which the organization conducts gaming activities CA

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain SEE SCHEDULE G, PART IV

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	0 %
b	An outside facility	13b	100 000 %

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

GWEN ANDERSON

Address ▶

27700 MEDICAL CENTER ROAD
MISSION VIEJO, CA 92691

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

GWEN ANDERSON

Gaming manager compensation ▶ \$

8,971

Description of services provided ▶

Director/officer

☐ Director/officer ☒ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☒ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 119,079

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART III, LINE 9B	GAMING MISSION HOSPITAL IS A NOT-FOR-PROFIT ORGANIZATION AND GAMING IS NOT THE PRIMARY FUNDRAISING ACTIVITY, THESE WERE RAFFLES FOR A VEHICLE, PRIZE BASKETS, AND CASH PRIZES TOTTALLING \$3,750 THE PRIZES NOTED ON LINES 2-5 WERE PURCHASED IN ADVANCE, AND 90% OF THE PROCEEDS WERE RETAINED AS REQUIRED

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,939,894		6,939,894	1 230 %
b Medicaid (from Worksheet 3, column a)			92,859,967	62,281,362	30,578,605	5 430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			99,799,861	62,281,362	37,518,499	6 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,746,348	234,559	3,511,789	0 620 %
f Health professions education (from Worksheet 5)			347,000		347,000	0 060 %
g Subsidized health services (from Worksheet 6)			87,158		87,158	0 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,344,776		3,344,776	0 590 %
j Total. Other Benefits			7,525,282	234,559	7,290,723	1 290 %
k Total. Add lines 7d and 7j			107,325,143	62,515,921	44,809,222	7 950 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		36,927		36,927	0 010 %
2	Economic development					
3	Community support		35,982		35,982	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members		119,171		119,171	0 020 %
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other		111,038		111,038	0 020 %
10	Total		303,118		303,118	0 060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

33,824,093

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

102,166,830

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

136,609,481

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-34,442,651

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MECC - SEE PART VI	PHYSICIAN OFFICE&CONF ED CTR	50 %		50 %
2 MAS - SEE PART VI	OUTPATIENT SURGERY CENTER	38 451 %		61 549 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

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)

MISSION HOSPITAL REGIONAL MEDICAL CTR

Name of hospital facility or letter of facility reporting group

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?	1	No
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	2	No
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	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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 <u>13</u>		
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	5	Yes
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	6a	No
b 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	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE PART V, SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" 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	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
If "Yes" (list url) SEE PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

MISSION HOSPITAL REGIONAL MEDICAL CTR

Name of hospital facility or letter of facility reporting group

		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 <div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 % 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 checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)</div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
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) <div>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)</div>	15	Yes	
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) <div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C 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 checked="" type="checkbox"/> Other (describe in Section C)</div>	16	Yes	

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?	17	Yes	
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 <div>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</div>			

Part V

Facility Information (continued)

MISSION HOSPITAL REGIONAL MEDICAL CTR

Name of hospital facility or letter of facility reporting group			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	19		No
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	21	Yes	
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 type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" 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	23		No
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	24		No

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.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **3**

Name and address	Type of Facility (describe)
1 MISSION AMBULATORY SURGICENTER LTD 26730 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691	OUTPATIENT SURGERY CENTER
2 FAMILY RESOURCE CENTER 23832 ROCKFIELD BLVD SUITE 270 LAKE FOREST, CA 92630	COMMUNITY OUTREACH CENTER
3 CHEC FAMILY RESOURCE CENTER 27412 CALLE ARROYO MISSION VIEJO, CA 92675	COMMUNITY OUTREACH CENTER
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	MISSION HOSPITAL REGIONAL MEDICAL CENTER PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT http //www mission4health com/documents/Community-Benefit/MH_FY16-CB-Report-Final- pdf

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7A-I	COST-TO-CHARGE RATIO METHODOLOGY A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE COST OF ALL REPORTED CHARITY CARE AND OTHER COMMUNITY BENEFITS AT COST IT INCLUDED ALL PATIENT TYPES (I E INPATIENT OUTPATIENT, EMERGENCY ROOM), AND WOULD ONLY INCLUDE CHARGES OR RELATED COSTS THAT PERTAIN TO EACH RESPECTIVE AREA (I E CHARITY, MEDICAID, MANAGED CARE, PRIVATE INSURANCE, SELF-PAY, UNINSURED, ETC) FOR UNREIMBURSED COSTS THAT WOULD BE THE DIFFERENCE BETWEEN THE DETERMINED COSTS UTILIZING THE COST-TO-CHARGE RATIO LESS ANY PAYMENTS RECEIVED FOR THAT PARTIAL PAYOR GROUP THE COST-TO-CHARGE RATIO USED WAS NOT DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING A COST-TO-CHARGE RATIO AND GENERAL LEDGER

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	JOINT VENTURE EXPENSES OF \$3,724,181 WERE INCLUDED IN THE TOTAL EXPENSE AMOUNT USED TO CALCULATE PERCENTAGES IN PART I, LINE 7, COLUMN F

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES RECUPERATIVE PROGRAMS - \$60,050 PHARMACY & DME - \$27,108

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>COMMUNITY BUILDING ACTIVITIES OUR MISSION CALLS US TO IMPROVE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE A KEY EMPHASIS IS PUT ON DEVELOPING PROGRAMS THAT ADDRESS ROOT CAUSES OF HEALTH PROBLEMS FOSTERING A PREPARED AND PRODUCTIVE WORKFORCE IS THE PRIMARY FOCUS OF OUR COMMUNITY BUILDING AT MISSION HOSPITAL WE COMPLETE THIS EFFORT THROUGH CONTINUED COLLABORATION WITH CAPISTRANO UNIFIED SCHOOL DISTRICT ADULT TRANSITION PROGRAM SINCE 2006, MISSION HOSPITAL HOSTS INTERNS EACH FALL TO PROVIDE WORK EXPERIENCE IN A HOSPITAL SETTING THESE STUDENT INTERNS ARE PLACED IN HOSPITAL DEPARTMENTS SUCH AS NUTRITIONAL CARE SERVICES, ENVIRONMENTAL SERVICES AND CENTRAL SUPPLY TO LEARN JOB SKILLS THAT WILL HELP THEM ATTAIN LONG-TERM EMPLOYMENT EITHER AT THE HOSPITAL OR A LOCAL ORGANIZATION SINCE THE PROGRAM STARTED 10 YEARS AGO, MISSION HOSPITAL HAS EMPLOYED SEVERAL GRADUATES TO ENABLE THEM TO EARN A LIVING WAGE AND BECOME MORE INDEPENDENT MEMBERS IN OUR COMMUNITY MISSION HOSPITAL ALSO SUPPORTS THE COMMUNITY THROUGH THE PROVISION OF IN-KIND FOOD DONATIONS TO LOCAL FOOD PANTRIES AND HOMELESS ORGANIZATIONS AS PART OF THIS PROGRAM, WE PROVIDE NUTRITIOUS MEALS TO 25 HOMELESS INDIVIDUALS IN LAGUNA BEACH DAILY IN PARTNERSHIP WITH THE LOCAL HOMELESS SHELTER IN ADDITION, THE HOMELESS SHELTER ASKED IF WE COULD SUPPORT THEIR CLIENTS BY PROVIDING COFFEE AND ASSOCIATED SUPPLIES TO THEIR CLIENTS DURING THEIR OVERNIGHT STAYS AT THE SHELTER THIS WAS A LARGE EXPENSE FOR THE SHELTER WE ARE ABLE TO PROVIDE THESE SUPPLIES FOR THE HOMELESS, WHICH PROVIDE COMFORT AND ALLOWS FOR OPEN DIALOGUE TO OCCUR MORE EASILY BETWEEN CLIENTS ANOTHER COMMUNITY BUILDING PROGRAM WE SUPPORT IS OUR SAFE RIDES PROGRAM SAFE RIDES IS A PEER-RUN PROGRAM OVERSEEN BY ADULT SUPERVISORS STUDENTS FROM NUMEROUS LOCAL HIGH SCHOOLS STAFF A TOLL-FREE HOTLINE FOR TEENS TO CALL WHEN IN NEED OF A RIDE HOME DUE TO ALCOHOL, DRUGS OR UNSAFE DATE SITUATION IN FY16, OVER 200 SAFE RIDES WERE PROVIDED TO YOUTH IN SOUTH COUNTY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	METHODOLOGY OF ESTIMATING BAD DEBT EXPENSE ATTRIBUTABLE TO FAP PATIENTS THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	FINANCIAL STATEMENT BAD DEBT EXPENSE FOOTNOTE THE HEALTH SYSTEM RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT CREDIT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED PAYORS ARE FROM VARIOUS PAYORS WHO ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE HEALTH SYSTEM IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HEALTH SYSTEM REGULARLY ANALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT MEDICARE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING CMS STANDARD COSTING METHODS THIS INCLUDES STEP-DOWN ALLOCATION PROCESSES WHICH ARE APPLIED TO CALCULATE ALLOWABLE MEDICARE COSTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	APPLICATION OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE

Form and Line Reference	Explanation
SCHEDULE H, PART IV, COLUMN (A)	NAME OF ENTITY 1 MISSION EDUCATION CONFERENCE CENTER, LLC 2 MISSION AMBULATORY SURGICENTER, LTD, DBA MISSION SURGERY CENTER

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT AN ANNUAL MARKET ASSESSMENT IS COMPLETED FOR OUR LOCAL MARKET THAT PROVIDES INFORMATION ON DEMOGRAPHICS, COUNTY HEALTH RANKINGS, PHYSICIAN LANDSCAPE, ACUTE CARE UTILIZATION RATES, MARKET SHARE, OUTMIGRATION TO OTHER MEDICAL FACILITIES FOR TREATMENT, EMERGENCY DEPARTMENT AND ANCILLARY UTILIZATION, AS WELL AS SERVICE LINE FORECASTS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM NOTICES WERE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION MISSION HOSPITAL PROVIDES SOUTH ORANGE COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING THROUGH TWO CONVENIENT LOCATIONS, MISSION VIEJO AND LAGUNA BEACH (THE LAGUNA BEACH CAMPUS WAS PURCHASED IN JULY 2009) THE HOSPITAL'S SERVICE AREA EXTENDS FROM THE JUNCTION OF THE 405 AND 5 FREEWAYS IN THE NORTH TO CAMP PENDLETON IN THE SOUTH GEOGRAPHICALLY, SOUTH COUNTY IS BORDERED BY THE PACIFIC OCEAN TO THE WEST, THE SANTA ANA MOUNTAINS TO THE NORTH AND EAST, AND THE MARINE BASE CAMP PENDLETON TO THE SOUTH OUR PRIMARY SERVICE AREA INCLUDES THE COMMUNITIES OF MISSION VIEJO, LAGUNA BEACH, LAGUNA NIGUEL, SAN JUAN CAPISTRANO, SAN CLEMENTE, RANCHO SANTA MARGARITA, LAKE FOREST, LAGUNA HILLS, DANA POINT LADERA RANCH TRABUCO CANYON, CAPISTRANO BEACH AND ALISO VIEJO THIS INCLUDES A POPULATION OF APPROXIMATELY 623,000 PEOPLE, AN INCREASE OF 4% FROM THE PRIOR ASSESSMENT MISSION HOSPITALS SECONDARY SERVICE AREA INCLUDES LAGUNA WOODS, IRVINE, FOOTHILL RANCH AND SILVERADO SOUTH ORANGE COUNTY IS A RELATIVELY AFFLUENT COMMUNITY WITH A MEDIAN HOUSEHOLD INCOME OF \$92,124 COMPARED TO THE ORANGE COUNTY MEDIAN HOUSEHOLD INCOME OF \$58,605 (US CENSUS QUICK FACTS) THE AVERAGE HOUSEHOLD SIZE IS 2.70 COMPARED TO THE ORANGE COUNTY-WIDE HOUSEHOLD SIZE OF 3.00 DEMOGRAPHICALLY, THE AREA IS PRIMARILY CAUCASIAN (78%), WITH THE HISPANIC POPULATION GROWING TO 19.2% HOWEVER, THERE ARE ISOLATED AREAS OF NEED THROUGHOUT THE SERVICE AREA SOUTH ORANGE COUNTY ENCOMPASSES 69,512 PEOPLE LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) ACROSS 11 ZIP CODES PART OF OUR SERVICE AREA IS CONSIDERED A MEDICALLY UNDERSERVED POPULATION (MUP) AREA (#00319) THE MUP COVERS PORTIONS OF DANA POINT, SAN CLEMENTE AND SAN JUAN CAPISTRANO AND HAS THE HIGHEST CONCENTRATION OF MEDICALLY UNDERSERVED RESIDENTS BELOW 200% FPL IN SOUTH ORANGE COUNTY THESE AREAS ARE VASTLY DIFFERENT THAN THE WEALTHY COASTAL ENCLAVES PORTRAYED ON TELEVISION SHOWS ABOUT ORANGE COUNTY (SOURCE CAMINO HEALTH CENTER HEALTH NEEDS ASSESSMENT REPORT 2013) MANY OF THE LOW-INCOME RESIDENTS IN THE AREA ARE LARGELY LATINO IMMIGRANTS WHO ARE EMPLOYED IN LOW-WAGE/NO BENEFIT JOBS AT LOCAL RESORTS, AS CONSTRUCTION WORKERS, JANITORS, LANDSCAPERS, DOMESTIC WORKERS, AND IN OTHER SERVICE JOBS THAT SUPPORT SOUTH ORANGE COUNTY'S ECONOMY ALMOST ONE IN THREE LATINO RESIDENTS LIVE IN A HOUSEHOLD IN AN INCOME UNDER 200% FPL UNEMPLOYMENT OR UNDEREMPLOYMENT REMAINS HIGH FOR MANY OF THESE RESIDENTS IN ADDITION, EDUCATIONAL ATTAINMENT REMAINS A BARRIER FOR THIS POPULATION AMONG LATINOS IN THE AREA, 25.3% HAD LESS THAN A HIGH SCHOOL DIPLOMA IN SAN JUAN CAPISTRANO, SOUTH ORANGE COUNTY'S ENTRY-POINT FOR LATINO IMMIGRANTS, CLOSE TO 50% OF ADULTS OVER AGE 25 HAVE LESS THAN A HIGH SCHOOL DIPLOMA (SOURCE CAMINO HEALTH CENTER HEALTH NEEDS ASSESSMENT REPORT 2013) THE FOLLOWING NON-PROFIT HOSPITALS ARE WITHIN THE MISSION HOSPITAL SERVICE AREA SADDLEBACK MEMORIAL-LAGUNA HILLS, SADDLEBACK MEMORIAL, SAN CLEMENTE, CHILDREN'S HOSPITAL OF ORANGE COUNTY AT MISSION</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH REALIZING OUR MISSION MISSION HOSPITAL IS AN ACUTE-CARE HOSPITAL FOUNDED IN 1971, LOCATED IN MISSION VIEJO SERVING THE FOLLOWING REGION OF SOUTH ORANGE COUNTY MISSION HOSPITAL PROVIDES VITAL HOSPITAL AND COMMUNITY SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE (TRADITIONAL CHARITY CARE) AND DISCOUNTED CARE MISSION HOSPITAL IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE OF ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES, 2) AN OPEN MEDICAL STAFF AND 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ARE IN PART FUNDED BY CARE FOR THE POOR DOLLARS MISSION HOSPITALS FY15-FY17 COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORT FOCUSES ON INCREASING ACCESS TO HEALTH CARE, IMPROVING MENTAL HEALTH, AND SUBSTANCE USE PREVENTION AMONG YOUTH</p> <p>O INCREASING ACCESS TO HEALTH CARE THIS INITIATIVE AIMS TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR THE MOST VULNERABLE MEMBERS OF THE SOUTH ORANGE COUNTY COMMUNITY HIGHLIGHTS FROM FY16 INCLUDE ENROLLING 2,962 NEW PEOPLE INTO HEALTH INSURANCE, SERVING 982 PEOPLE THROUGH OUR NURSE NAVIGATOR PROGRAM, AND CONNECTING 1,690 RESIDENTS TO ESSENTIAL HEALTH CARE SERVICES THROUGH COMMUNITY SCREENINGS, FLU CLINICS AND VISION EXAMS SINCE THE IMPLEMENTATION OF THE COMMUNITY CARE NAVIGATOR PROGRAM, PATIENTS WHO HAVE ENGAGED WITH THE CARE NAVIGATOR HAVE REDUCED FREQUENT VISIT TO THE EMERGENCY ROOM FROM AN AVERAGE OF 6.39 VISITS/3 MONTHS TO 2.14 VISITS THE OVERALL RATE OF REPEAT VISITS HAS DECLINED FROM 46.0/1,000 VISITS EARLIER THIS YEAR TO 38.6/1,000 VISITS</p> <p>O IMPROVING MENTAL HEALTH THE BILINGUAL MENTAL HEALTH COUNSELORS AND SUPERVISED CLINICAL INTERNS AT THE FAMILY RESOURCE CENTERS SERVED 448 ADULTS AND CHILDREN WITH INDIVIDUAL AND FAMILY THERAPY, SUPPORT GROUPS AND WORKSHOPS 11 ADULTS RECEIVED PSYCHIATRIC ASSESSMENTS AND MEDICATION MANAGEMENT 37 FAMILIES RECEIVED FINANCIAL SUPPORT THROUGH THE EMERGENCY ASSISTANCE PROGRAM THE SOCIAL MARKETING CAMPAIGN TO REDUCE THE STIGMA SURROUNDING MENTAL HAD 7,715 ENCOUNTERS AND 40,985,240 IMPRESSIONS 5,888 COMMUNITY RESIDENTS WERE REACHED THROUGH OUR OUTREACH AND EDUCATION EFFORTS ON THE TOPIC OF MENTAL HEALTH</p> <p>O SUBSTANCE USE PREVENTION AMONG YOUTH THE INITIATIVE SUPPORTED OUTREACH ENCOUNTERS TO 21,656 RECIPIENTS, AND PRESENTATIONS TO 3,059 COMMUNITY MEMBERS WE FACILITATED 747 ENCOUNTERS WITH PARENTS AND CHILDREN IN FACILITATED RELATIONSHIP-BUILDING ACTIVITIES, 605 STUDENTS AND TEACHERS PARTICIPATED IN MENTAL HEALTH AWARENESS EVENTS, AND 177 INDIVIDUALS PARTICIPATED IN PARENTING CLASSES</p> <p>LOCAL COMMUNITY BENEFIT COMMITTEE THE ROLE OF THE MISSION HOSPITAL'S COMMUNITY BENEFIT COMMITTEE IS TO SUPPORT THE BOARD OF TRUSTEES IN OVERSEEING COMMUNITY BENEFIT EFFORTS THE COMMITTEE ACTS IN ACCORDANCE WITH A BOARD-APPROVED CHARTER THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH DEVELOPING POLICIES AND PROGRAMS THAT ADDRESS IDENTIFIED NEEDS IN THE SERVICE AREA PARTICULARLY FOR UNDERSERVED POPULATIONS, OVERSEEING DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORTS, AND PROVIDING DIRECTION OF COMMUNITY BENEFIT ACTIVITIES</p> <p>THE COMMUNITY BENEFIT COMMITTEE HAS A MINIMUM OF EIGHT MEMBERS INCLUDING THREE MEMBERS OF THE BOARD OF TRUSTEES CURRENT MEMBERSHIP INCLUDES THREE MEMBERS OF THE BOARD OF TRUSTEES AND EIGHT COMMUNITY MEMBERS A MAJORITY OF MEMBERS HAVE KNOWLEDGE AND EXPERIENCE WITH THE POPULATIONS MOST LIKELY TO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS THE COMMUNITY BENEFIT COMMITTEE GENERALLY MEETS BI-MONTHLY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM MISSION HOSPITAL IS A HEALING MINISTRY OF ST JOSEPH HEALTH, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SPONSORED BY THE ST JOSEPH HEALTH MINISTRY ST JOSEPH HEALTH IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO THE SYSTEM INCLUDES 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT ITS MISSION TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITIES WE SERVE SJH COMMUNITY PARTNERSHIP FUND (FORMERLY THE ST JOSEPH HEALTH SYSTEM FOUNDATION) IN 1986, ST JOSEPH HEALTH SYSTEM CREATED A PLAN AND BEGAN AN EFFORT TO FURTHER ITS COMMITMENT TO NEIGHBORS IN NEED WITH A VISION OF REACHING BEYOND THE WALLS OF ITS HEALTHCARE FACILITIES AND TRANSCENDING TRADITIONAL EFFORTS OF PROVIDING FINANCIAL ASSISTANCE FOR THOSE IN NEED OF ACUTE SERVICES, ST JOSEPH HEALTH SYSTEM CREATED THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES EVERY YEAR, EACH ST JOSEPH HEALTH HOSPITAL CONTRIBUTES 10% OF THEIR NET INCOME TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND TO SUPPORT OUTREACH EFFORTS FOR THE ECONOMICALLY POOR IN FY16 THIS AMOUNT TOTALED \$5.5 MILLION FOR MISSION HOSPITAL 75% OF THE CONTRIBUTIONS ARE USED TO SUPPORT CARE FOR POOR PROGRAMS BY EACH HOSPITAL 17.5% OF FUNDS ARE USED TO SUPPORT ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND INITIATIVES THE REMAINING 7.5% ARE DESIGNATED TOWARD AN ENDOWMENT WHICH HELPS ENSURE THE FUNDS ABILITY TO SUSTAIN PROGRAMS INTO THE FUTURE THAT ASSIST LOW-INCOME AND UNDERSERVED POPULATIONS COMMUNITY INVESTMENT FUND ST JOSEPH HEALTH FURTHERMORE RECOGNIZES THAT THE HEALTH OF ANY COMMUNITY DEPENDS ON THE MAINTENANCE AND CREATION OF STRONG STRUCTURES--BOTH PHYSICAL AND SOCIAL--THAT CONTRIBUTE TO THE LONG-TERM WELL-BEING OF PEOPLE THAT PHILOSOPHY INSPIRED THE INITIATION OF THE ST JOSEPH HEALTH COMMUNITY INVESTMENT FUND--AN EFFORT TO ENABLE NON PROFIT 501(C)(3) ORGANIZATIONS TO ACHIEVE THEIR FULL POTENTIAL AND PLAY A MAJOR ROLE IN THE GROWTH OF THEIR COMMUNITIES THE SJH COMMUNITY INVESTMENT FUND PROVIDES CAPITAL IN THE FORM OF LOANS, DEPOSITS AND OTHER FORMS OF SUPPORT TO NON-PROFITS TO ENABLE THEM TO PROMOTE SOCIAL GOOD THROUGH THE DEVELOPMENT OF HEALTHIER COMMUNITIES IN FY16, A TOTAL OF \$11.2 MILLION WAS INVESTED INTO THE COMMUNITY THROUGH LOANS AND LINES OF CREDIT FUNDED NON-PROFITS INCLUDE THOSE THAT SERVE THE HOMELESS, PROVIDE AFFORDABLE HOUSING, PROVIDE ACCESS TO PRIMARY MEDICAL CARE, AND ADDRESS YOUTH DEVELOPMENT TO LEARN MORE ABOUT ST JOSEPH HEALTH GO TO STJHS.ORG</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 WWW.MISSION4HEALTH.COM 06000146	X	X				X			

2015

Open to Public Inspection

95-1643360

☒ Yes ☐ No

(h) Purpose of grant or assistance

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
(1) HELPING HANDS PD TO PATIENTS	161	14,763			
(2) HOME HEALTH SERVICES	40	4,163			
(3) INDIVIDUAL FUNERALS	9	15,494			
(4) BENEFITS PRVD TO THE COMMUNITY	5	8,673			
(5) ASSISTANCE	123	36,267			

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS MISSION HOSPITAL HAS AN AFFILIATION AGREEMENT WITH CAMINO HEALTH CENTER THAT CALLS FOR THE STEERING COMMITTEE, WHICH INCLUDES AN OFFICER FROM THE HOSPITAL, TO PROVIDE OVERSIGHT OF FUNDS GRANTED TO CAMINO BY THE HOSPITAL THE CARE FOR THE POOR FUNDS GIVEN TO THE ST JOSEPH HEALTH SYSTEM FOUNDATION IS GOVERNED BY THE HEALTH SYSTEM FOUNDATION THE DISBURSEMENT OF THE FUNDS FOLLOWS SPECIFICS SET FORTH BY THE HEALTH SYSTEM POLICY "CARE FOR THE POOR PROGRAM ACCOUNTING " THERE IS NO MONITORING DONE IN THE OTHER GRANTS

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Camino Health Center 30300 Camino Capistrano San Juan Capistrano, CA 92675	33-0574214	501(c)(3)	1,338,633				PROGRAM SUPPORT OUTREACH
ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DR STE 100 IRVINE, CA 92612	33-0143024	501(c)(3)	5,533,000				CARE FOR THE POOR
THE ILLUMINATION FOUNDATION 2691 RICHTER AVE STE 107 IRVINE, CA 92606	71-1047686	501(c)(3)	57,800				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Community Health Initiative OC 1505 EAST 17TH ST SUITE 121 SANTA ANA, CA 92705	47-2671013	501(c)(3)	100,000				PROGRAM SUPPORT
BOYS & GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	95-1878822	501(c)(3)	50,000				PROGRAM SUPPORT
Friendship Shelter PO BOX 4252 LAGUNA BEACH, CA 92652	33-0218404	501(c)(3)	290,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Laguna Beach Community Clinic 362 THIRD ST LAGUNA BEACH, CA 92651	95-2637633	501(c)(3)	330,000				PROGRAM SUPPORT
Family Assistance Ministries 1030 CALLE NEGOCIO SAN CLEMENTE, CA 92673	33-0864870	501(c)(3)	30,000				PROGRAM SUPPORT
ST TIMOTHY'S CATHOLIC CHURCH 29102 CROWN VALLEY PARKWAY LAGUNA NIGUEL, CA 92677	95-3656905	501(c)(3)		46,913	Other	FOOD BANK DONATION	PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MISSION BASILICA SAN JUAN CAPISTRANO 31520 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	95-1904079	501(c)(3)		47,051	Other	FOOD BANK DONATION	FOOD BANK DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
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.		No
Only 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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8 Were any amounts reported 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	DESCRIPTION OF CEO PAID BY EXEMPT PARENT THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST JOSEPH HEALTH SYSTEM.
SCHEDULE J, PART I, LINE 4B	DESCRIPTION OF A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE. EXECUTIVES PREVIOUSLY PARTICIPATED IN ANOTHER NON-QUALIFIED DEFERRED COMPENSATION PLAN THAT WAS FROZEN EFFECTIVE DECEMBER 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED. THIS FROZEN PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. THE FOLLOWING INDIVIDUAL RECEIVED A PAYOUT DURING THE YEAR: MICHAEL BECK - \$99,752.
SCHEDULE J, PART I, LINE 7	DESCRIBE ANY NON-FIXED PAYMENTS PROVIDED A PORTION OF EXECUTIVE SALARIES ARE PLACED AT-RISK AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE STRATEGIC OBJECTIVES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

Additional Data

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TODD LEMPert MD BOARD MEMBER	(i)	0	0	166,860	0	0	166,860	0
	(ii)	0	0	0	0	- 0	- 0	0
1MICHAEL MARINO DO BOARD MEMBER, CEO	(i)	0	0	0	0	0	0	0
	(ii)	398,587	171,878	49,010	13,250	- 2,705	- 635,430	0
2KENNETH MCFARLAND BOARD MEMBER & CEO (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	527,330	202,684	80,879	20,819	- 32,330	- 864,042	0
3TARA COWELL VP/ASSOC GENERAL COUNSEL/SEC	(i)	0	0	0	0	0	0	0
	(ii)	291,327	113,980	38,475	18,495	- 30,318	- 492,595	0
4EILEEN HAUBL VP & CHIEF FINANCIAL OFFICER	(i)	320,050	61,965	52,116	22,109	23,073	479,313	0
	(ii)	0	0	0	0	- 0	- 0	0
5LINDA JOHNSON CHIEF CLINICAL OFFICER	(i)	326,639	63,825	48,368	32,256	18,340	489,428	0
	(ii)	0	0	0	0	- 0	- 0	0
6MICHAEL BECK VP INTEGRATED OPERATIONS	(i)	219,212	43,379	125,383	33,420	20,708	442,102	99,752
	(ii)	0	0	0	0	- 0	- 0	0
7LINDA SIEGLEN CHIEF MEDICAL OFFICER	(i)	361,457	70,227	70,151	24,175	10,600	536,610	0
	(ii)	0	0	0	0	- 0	- 0	0
8CYNTHIA MUELLER VP MISSION INTEGRATION	(i)	222,667	43,401	27,039	21,976	20,585	335,668	0
	(ii)	0	0	0	0	- 0	- 0	0
9TERRI FOX-COVERT VP HUMAN RESOURCES	(i)	218,251	43,401	24,282	33,188	20,542	339,664	0
	(ii)	0	0	0	0	- 0	- 0	0
10CATHLEEN COLLINS CHIEF DEVELOPMENT OFFICER	(i)	223,040	43,376	19,811	19,466	8,426	314,119	0
	(ii)	0	0	0	0	- 0	- 0	0
11JOCELYN CHOPRA CHARGE NURSE	(i)	259,265	17,664	2,338	14,421	20,940	314,628	0
	(ii)	0	0	0	0	- 0	- 0	0
12PHUC MAI DIRECTOR - PHARMACY	(i)	211,157	21,688	3,569	22,909	8,310	267,633	0
	(ii)	0	0	0	0	- 0	- 0	0
13DENNIS HAGHIGHAT MD FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	299,492	85,075	33,754	10,961	- 13,250	- 442,532	0
14RICHARD AFABLE INTERIM CEO	(i)	0	0	0	0	0	0	0
	(ii)	769,487	387,619	122,668	9,275	- 27,308	- 1,316,357	0
15NANETTE PLAZA REGISTERED NURSE	(i)	212,234	14,762	7,304	11,890	16,363	262,553	0
	(ii)	0	0	0	0	- 0	- 0	0

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CONTRIBUTOR 28	SUBSTANTIAL CONTRIBUTOR	396,094	MECHANICAL HVAC CONTRACTOR		No
(2) CONTRIBUTOR 30	SUBSTANTIAL CONTRIBUTOR	236,879	MEDICAL SERVICES		No
(3) CONTRIBUTOR 114	SUBSTANTIAL CONTRIBUTOR	816,074	ANESTHESIOLOGY SERVICES		No
(4) CONTRIBUTOR 161	SUBSTANTIAL CONTRIBUTOR	362,247	FLOORING CONTRACTOR		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number
95-1643360

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	127,668	COST OR SELLING PRIC
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFTS IN KIND</u>)	X	631	477,325	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	AMOUNTS IN THIS COLUMN WERE BASED ON THE NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 25	GIFTS IN KIND WITH AN ESTIMATED VALUE OF \$477,325 WERE RECEIVED DURING THE YEAR AND WERE NOT INCLUDED ON THE BOOKS VALUE WAS ESTIMATED FROM DONOR'S APPROXIMATION OF VALUE REVENUE FROM THE SALE OF THESE ITEMS IS INCLUDED IN FUNDRAISING REVENUE ON FORM 990, PART VIII, LINE 8A

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 MISSION HOSPITAL REGIONAL MEDICAL CENTER	Employer identification number 95-1643360
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Return Reference	Explanation
FORM 990, BOX F	<p>TAREK SALAWAY BECAME THE PRINCIPAL OFFICER OF THE ORGANIZATION AFTER JUNE 30, 2016 AS A RESULT, HE IS NOT LISTED AS AN OFFICER IN PART VII FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS REALIZING OUR MISSION MISSION HOSPITAL ("MH OR MISSION") HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE PEOPLE IN THE LOCAL COMMUNITY FOR OVER 42 YEARS SERVING THE COMMUNITIES OF SOUTH ORANGE COUNTY, MISSION HOSPITAL IS AN ACUTE CARE, FULL SERVICE FACILITY THAT HOUSES THE REGION'S DESIGNATED TRAUMA CENTER, ONE OF ONLY THREE IN THE COUNTY A COMPLETE ARRAY OF TOP-QUALITY HEALTHCARE SERVICES ARE OFFERED INCLUDING 24-HOUR EMERGENCY CARE, IMAGING, CARDIAC REHABILITATION AND CHEST PAIN CENTER, STROKE CENTER, MATERNITY CENTER MISSION HOSPITAL ALSO OFFERS ORTHOPEDICS, REHABILITATION, CANCER, SPINE AND VASCULAR SERVICES OUR LAGUNA BEACH HEALTHCARE SERVICES INCLUDE 24-HOUR EMERGENCY, MEDICAL-SURGICAL CARE AS WELL AS BEHAVIORAL HEALTH AND CHEMICAL AND PAIN MEDICATION DEPENDENCY TREATMENT WITH OVER 2,500 EMPLOYEES COMMITTED TO REALIZING THE MISSION, MISSION HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AS A MEMBER OF ST JOSEPH HEALTH, MISSION HOSPITAL IS COMMITTED TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE HE SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORS" MINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SURVIVE THE TURBULENCE OF THE FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORNIA, AT THE INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEARS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERATELY NEEDED A HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBILITY IN 1920, THE SISTERS OPENED THE 28-BED ST JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH SYSTEM MINISTRY MISSION HOSPITAL ("MH"MISSION") IS AN ACUTE-CARE HOSPITAL FOUNDED IN 1971, LOCATED IN MISSION VIEJO SERVING THE FOLLOWING REGION OF SOUTH ORANGE COUNTY MISSION HOSPITAL PROVIDES VITAL HOSPITAL AND COMMUNITY SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE (TRADITIONAL CHARITY CARE) AND DISCOUNTED CARE PATIENT FINANCIAL ASSISTANCE PROGRAM MISSION HOSPITAL BELIEVES THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE THAT IS WHY MISSION HOSPITAL HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM (FAP) THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS IN FY 16, MISSION HOSPITAL PROVIDED \$6,936,558 IN FREE AND DISCOUNTED CARE AND ITS JOINT VENTURE, MISSION SURGERY CENTER, PROVIDED \$3,336 IN FREE AND DISCOUNTED CARE MEDICAID PROGRAM MISSION HOSPITAL PROVIDED ACCESS TO UNINSURED AND UNDERINSURED PERSONS BY PARTICIPATING IN THE FEDERAL AND STATE SPONSORED MEDICAID PROGRAM IN FY 16, MISSION HOSPITAL PROVIDED \$30,578,605 IN MEDICAID SHORTFALL PROGRAM SERVICE ACCOMPLISHMENTS MISSION HOSPITAL IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE OF ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES, 2) AN OPEN MEDICAL STAFF AND 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ARE IN PART FUNDED BY CARE FOR THE POOR DOLLARS MISSION HOSPITALS FY 15-FY 17 COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORT FOCUSES ON INCREASING ACCESS TO HEALTH CARE, IMPROVING MENTAL HEALTH, AND SUBSTANCE USE PREVENTION AMONG YOUTH INCREASING ACCESS TO HEALTH CARE THIS INITIATIVE AIMS TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR THE MOST VULNERABLE MEMBERS OF THE SOUTH ORANGE COUNTY COMMUNITY HIGHLIGHTS FROM FY 16 INCLUDE ENROLLING 2,962 NEW PEOPLE INTO HEALTH INSURANCE, SERVING 982 PEOPLE THROUGH OUR NURSE NAVIGATOR PROGRAM, AND CONNECTING 1,690 RESIDENTS TO ESSENTIAL HEALTH CARE SERVICES THROUGH COMMUNITY SCREENINGS, FLU CLINICS AND VISION EXAMS SINCE THE IMPLEMENTATION OF THE COMMUNITY CARE NAVIGATOR PROGRAM, PATIENTS WHO HAVE ENGAGED WITH THE CARE NAVIGATOR HAVE REDUCED FREQUENT VISIT TO THE EMERGENCY ROOM FROM AN AVERAGE OF 6.39 VISITS/3 MONTHS TO 2.14 VISITS/3 MONTHS THE OVERALL RATE OF REPEAT VISITS HAS DECLINED FROM 46.0/1,000 VISITS EARLIER THIS YEAR TO 38.6/1,000 VISITS IMPROVING MENTAL HEALTH THE BILINGUAL MENTAL HEALTH COUNSELORS AND SUPERVISED CLINICAL INTERNS AT THE FAMILY RESOURCE CENTERS SERVED 448 ADULTS AND CHILDREN WITH INDIVIDUAL AND FAMILY THERAPY, SUPPORT GROUPS AND WORKSHOPS 11 ADULTS RECEIVED PSYCHIATRIC ASSESSMENTS AND MEDICATION MANAGEMENT 37 FAMILIES RECEIVED FINANCIAL SUPPORT THROUGH THE EMERGENCY ASSISTANCE PROGRAM THE SOCIAL MARKETING CAMPAIGN TO REDUCE THE STIGMA SURROUNDING MENTAL HAD 7,715 ENCOUNTERS AND 40,985,240 IMPRESSIONS 5,888 COMMUNITY RESIDENTS WERE REACHED THROUGH OUR OUTREACH AND EDUCATION EFFORTS ON THE TOPIC OF MENTAL HEALTH SUBSTANCE USE PREVENTION AMONG YOUTH THE INITIATIVE SUPPORTED OUTREACH ENCOUNTERS TO 21,656 RECIPIENTS, AND PRESENTATIONS TO 3,059 COMMUNITY MEMBERS WE FACILITATED 747 ENCOUNTERS WITH PARENTS AND CHILDREN IN FACILITATED RELATIONSHIP-BUILDING ACTIVITIES, 605 STUDENTS AND TEACHERS PARTICIPATED IN MENTAL HEALTH AWARENESS EVENTS, AND 177 INDIVIDUALS PARTICIPATED IN PARENTING CLASSES FOR MORE INFORMATION ABOUT MISSION HOSPITAL, PLEASE VISIT WWW.MISSION4HEALTH.COM FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW.STJHS.ORG</p>

Return Reference	Explanation
FORM 990, PART V, LINE 1A	ST JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR SJH ENTITIES UNDER SJH AP SHARED SERVICES THEREFORE, SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID SJHS COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS FORM 990, PART VI, LINE 6 DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, INC ARE THE CORPORATE MEMBERS OF MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2017 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE</p>

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. EXECUTIVE COMPENSATION IS APPROVED BY THE MISSION HOSPITAL EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS. THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS. THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT. THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED. THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION. THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2016. DURING THE YEAR, THE MISSION HOSPITAL EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION. IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEWED AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT. THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE MIMG ACQUISITION FY 14 (\$2,200,000) CAPITAL CONTRIBUTION TO HERITAGE (\$31,625,444) HOME HEALTH PARTNERSHIP TRANSFER TO SJHS (\$2,051,526) HOME HEALTH EQUITY TRANSFER (\$5,015,360) NET ASSET TRANSFER TO ST JOSEPH HEALTH SYSTEM (\$11,910,397) CHN SOCAL CHARGE FROM SJHS \$724,574 INCOME FROM SUBSIDIARIES \$1,590,909 POPULATION HEALTH NET INCOME FOR THE 990 \$6,619,105 OTHER FOUNDATION ADJUSTMENTS (\$372,228) ROUNDING (\$1) ----- TOTAL (\$44,240,366) =====

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESS & MED PHYSICIAN FEES TOTAL FEES 18243892

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 1300159

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION REGISTRY / TEMPORARY LABOR TOTAL FEES 16502191

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 39973824

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION BIOMEDICAL PURCHASED SERVICES TOTAL FEES 5051980

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PURCHASED SERVICES TOTAL FEES 5585461

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSION HOSPITAL REGIONAL MEDICAL CENTER

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Employer identification number
95-1643360

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MISSION VIEJO PHYSICIAN PARTNERS I LLC 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 47-1559873	HEALTHCARE	CA	257,505	17,115,357	MHRMC

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

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
See Additional Data Table									

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

Yes

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

1k

No

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

1l

Yes

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

1m

Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST JOSEPH HEALTH SYSTEM FOUNDATION	c	6,360,729	ACCRUAL
(2)ST JOSEPH HEALTH SYSTEM FOUNDTION	b	5,533,000	ACCRUAL
(3)ST JUDE HOSPITAL YORBA LINDA	r	31,625,444	ACCRUAL

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200, ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954 MISSION VIEJO PHYSICIAN PARTNERS I LLC EIN 47-1559873 ADDRESS 27700 MEDICAL CENTER ROAD, MISSION VIEJO, CA 92691 ADVANCED SURGERY INSTITUTE LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404

Additional Data

Software ID:

Software Version:

EIN: 95-1643360

Name: MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	11,III	SJHS	Yes	
COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92660 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656	INACTIVE	CA	501(c)(3)	3	SRMH	Yes	
HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(c)(3)	9	CHS	Yes	
LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
METHODIST CHILDREN'S HOSPITAL 4015 22ND PLACE LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(c)(3)	7	RMH	Yes	
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(c)(3)	1	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(c)(3)	3	SRMH	Yes	
ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(c)(3)	1	SSJO		No
ST JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(c)(3)	11,I	SJHM		No
ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(c)(3)	7	SJHS	Yes	
ST JOSEPH HOME CARE NETWORK 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(c)(3)	9	SJHS	Yes	
ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
ST JUDE HOSPITAL YORBA LINDA 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355	WORK DEVELOPM	CA	501(c)(3)	2	SSJO	Yes	
HMTS INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	11,I	HMHP	Yes	
AUXILIARY OF MISSION HOSP LAGUNA BEACH 31872 COAST HWY LAGUNA BEACH, CA 92651 95-6050019	SUPPORT	CA	501(C)(3)	11, III-O	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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		Yes	No	
COVENANT LONG-TERM CARE 4000 24TH STREET LUBBOCK, TX 79410 20-5033419	HEALTHCARE	TX	NA	N/A								
HERITAGE INVESTMENT GROUP 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								0 %
HOAG ORTHOPEDIC INSTITUTE 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	NA	N/A								
LUBBOCK SURGERY CENTER LTD 4000 24TH STREET LUBBOCK, TX 79410 75-2177401	HEALTHCARE	TX	NA	N/A								
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
MISSION AMBULATORY SURGICENTER LTD 27800 MEDICAL CENTER ROAD STE 362 MISSION VIEJO, CA 92691 33-0355575	HEALTHCARE	CA	MHRMC	RELATED	255,915	1,785,071		No	0		No	38 451 %
NEWPORT IMAGING CENTER 360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								0 %
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
ST JOSEPH HEALTH SYSTEM HOME CARE SERVI 1845 W ORANGEWOOD AVE STE 100 ORANGE, CA 928682012 33-0307672	HOME HEALTH	CA	NA	N/A								
ST JOSEPH HEALTH SYSTEM HOME HEALTH 1845 W ORANGEWOOD AVE STE 200 ORANGE, CA 928682012 33-0282945	HOME HEALTH	CA	NA	N/A								
THE INNOVATION INSTITUTE 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, DE 906231052 90-0745066	HEALTHCARE	DE	NA	N/A								
NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD SUITE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
MISSION VIEJO PHYSICIAN PARTNERS I LLC 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 47-1559873	HEALTHCARE	CA	MHRMC	RELATED	76,667	9,223,072		No	0		No	60 000 %
ADVANCED SURGERY INSTITUTE LLC 4 WESTBROOK CORP CENTER 440 WESTCHESTER, IL 60154 26-2299255	HEALTHCARE	CA	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
COASTAL MANAGEMENT SERVICES (1) ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(2) DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	NA	C-CORP					
(3) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	NA	C-CORP					
(4) LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	NA	C-CORP					
(5) LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(6) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	MHRMC	C-CORP	20,782	283,786	100 000 %	Yes	
(7) ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(8) ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(9) ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP					