



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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 \$ 546,271,154 including grants of \$ 7,572,914 ) (Revenue \$ 619,125,831 )  
See Additional Data

**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 ▶ 546,271,154

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II . . . . .	21 Yes	
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III . . . . .	22 Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23 Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29 Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33 Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34 Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	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	2,959	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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? <b>Note.</b> 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	11	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	7	
<b>2</b>	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?	<b>2</b>	No
<b>3</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	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?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	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	<b>9</b>	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	No
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ 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 ☐

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

Form **990** (2016)

[illegible]

**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 ▶ 523

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
REPUBLIC BUSINESS CREDIT LLC, PO BOX 203152 DALLAS, TX 75320	STAFFING SERVICES	5,730,049
DECTON STAFFING SERVICES, PO BOX 75371 CHICAGO, IL 60675	STAFFING SERVICES	1,896,631
AMN HEALTHCARE INC, PO BOX 56157 LOS ANGELES, CA 90074	STAFFING SERVICES	1,525,361
BLOODBUY, 5910 N CENTRAL EXPRESSWAY DALLAS, TX 75206	MEDICAL SERVICES	1,469,152
PROCARE ONE NURSES LLC, FILE 57074 SUITE 1000 LOS ANGELES, CA 90074	STAFFING SERVICES	1,424,739

Form 990 (2016)



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	1,283,823			
	d	Related organizations	1d	4,458,860			
	e	Government grants (contributions)	1e	246,835			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,294,640			
	g	Noncash contributions included in lines 1a-1f \$	963,105				
	h	Total. Add lines 1a-1f . . . . .	10,284,158				
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	622110	556,125,611	556,125,611	0	0
	b	CAPITATION REVENUE	622110	34,867,093	34,867,093	0	0
	c	MOB RENTAL REVENUE	531120	14,542,608	14,542,608	0	0
	d	CHILDREN'S HOSPITAL AT MISSION	622110	8,106,965	8,106,965	0	0
	e	NUTRITIONAL SERVICES	722310	2,638,234	2,638,234	0	0
	f	All other program service revenue		2,845,320	2,161,174	684,146	0
	g	Total. Add lines 2a-2f . . . . .	619,125,831				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	2,699,082			2,699,082
	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	573,748			
	c		Gain or (loss)	576,646			
	d		Net gain or (loss) . . . . .	-2,898			-2,898
	8a		Gross income from fundraising events (not including \$ 1,283,823 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	973,759		
	b		Less direct expenses . . . . .	b	767,104		
	c		Net income or (loss) from fundraising events . . . . .			206,655	206,655
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a	279,146		
	b		Less direct expenses . . . . .	b	3,750		
	c		Net income or (loss) from gaming activities . . . . .			275,396	275,396
	10a		Gross sales of inventory, less returns and allowances . . . . .	a	274,964		
b		Less cost of goods sold . . . . .	b	0			
c		Net income or (loss) from sales of inventory . . . . .			274,964	274,964	
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . .	0				
12		Total revenue. See Instructions . . . . .	632,863,188	618,441,685	684,146	3,453,199	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,472,398	7,472,398		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	100,516	100,516		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,866,556	1,261,885	604,671	
<b>6</b> 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
<b>7</b> Other salaries and wages.	165,569,116	154,410,376	9,167,095	1,991,645
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,061,146	8,881,361	107,011	72,774
<b>9</b> Other employee benefits.	46,424,372	42,769,964	3,320,306	334,102
<b>10</b> Payroll taxes.	13,295,931	12,653,080	499,871	142,980
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	35,341,853	28,046,913	7,294,940	0
<b>b</b> Legal.	2,689,527	0	2,689,527	0
<b>c</b> Accounting.	161,568	1,000	0	160,568
<b>d</b> Lobbying.	43,084	43,084	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	100,364,727	78,344,776	21,849,027	170,924
<b>12</b> Advertising and promotion.	1,217,797		1,169,074	48,723
<b>13</b> Office expenses.	16,519,914	15,461,466	1,021,027	37,421
<b>14</b> Information technology.	2,854,420	2,854,420	0	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	37,083,928	34,578,641	1,976,078	529,209
<b>17</b> Travel.	752,074	617,720	118,504	15,850
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	151,064	122,397	28,667	
<b>20</b> Interest.	8,323,309	6,593,430	1,729,879	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	23,514,107	20,955,222	2,551,961	6,924
<b>23</b> Insurance.	3,624,072	0	3,624,072	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	83,216,809	83,202,012	14,797	0
<b>b</b> HOSPITAL FEE PROGRAM	22,087,696	22,087,696	0	0
<b>c</b> LICENSES/TAXES/DUES	743,079	215,463	524,956	2,660
<b>d</b> INVENTORY VARIANCE	560,524	560,524	0	0
<b>e</b> All other expenses	28,317,770	25,036,810	3,163,316	117,644
<b>25</b> Total functional expenses. Add lines 1 through 24e.	611,357,357	546,271,154	61,454,779	3,631,424
<b>26</b> 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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		-4,601,650	<b>1</b>	-4,641,033
	<b>2</b>	Savings and temporary cash investments . . . . .		49,585,426	<b>2</b>	5,082,966
	<b>3</b>	Pledges and grants receivable, net . . . . .		506,675	<b>3</b>	5,573,067
	<b>4</b>	Accounts receivable, net . . . . .		63,823,223	<b>4</b>	70,682,931
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	3,440,168
	<b>8</b>	Inventories for sale or use . . . . .		7,079,433	<b>8</b>	6,843,817
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,158,189	<b>9</b>	1,450,617
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 615,666,136			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 267,484,602	334,536,327	<b>10c</b>	348,181,534
	<b>11</b>	Investments—publicly traded securities . . . . .		94,498,136	<b>11</b>	88,122,404
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		16,354,828	<b>12</b>	15,671,581
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		13,717,072	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		14,633,775	<b>15</b>	7,429,529
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		591,291,434	<b>16</b>	547,837,581	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		63,646,397	<b>17</b>	61,090,952
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		252,435,331	<b>25</b>	245,023,755
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		316,081,728	<b>26</b>	306,114,707
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		191,081,132	<b>27</b>	145,841,359
	<b>28</b>	Temporarily restricted net assets . . . . .		82,114,574	<b>28</b>	93,867,515
	<b>29</b>	Permanently restricted net assets		2,014,000	<b>29</b>	2,014,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		275,209,706	<b>33</b>	241,722,874
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		591,291,434	<b>34</b>	547,837,581	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	632,863,188
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	611,357,357
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	21,505,831
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	275,209,706
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,617,046
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-61,609,709
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	241,722,874

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b> 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		
<b>3a</b> 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>b</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 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(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 MEMBER (PART YEAR)	2 0 ..... 0 0	X						0	0	0
FARZAD MASSOUDI MD ..... BOARD MEMBER	2 0 ..... 0 0	X						122,880	0	0
SISTER EILEEN MCNERNEY ..... BOARD MEMBER (PART YEAR)	2 0 ..... 0 0	X						0	0	0
ROBERT WINOKUR MD ..... BOARD MEMBER (PART YEAR)	2 0 ..... 0 0	X						0	0	0
RUDY MARQUEZ MD ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
JOSEPH ROBBEN ..... BOARD VICE CHAIR (PART YEAR)	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						133,650	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	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 (PART YEAR)	2 0 ..... 0 0	X						0	0	0
LAUREN DWINELL MD ..... BOARD MEMBER/COS (PART YEAR)	2 0 ..... 0 0	X						24,167	0	0
STEVEN PAL ..... BOARD VICE CHAIR	2 0 ..... 0 0	X						0	0	0
KENT ADAMSON MD ..... BOARD MEMBER, CHIEF OF STAFF	2 0 ..... 0 0	X						16,566	0	0
JAIME MUNOZ ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
SISTER JO-ANN EANNARENO ..... BOARD MEMBER	2 0 ..... 0 0	X						0	0	0
MICHAEL MARINO DO ..... BOD, SVP, CHIEF MED INFO OFCR	50 0 ..... 2 0	X		X				0	692,796	16,087
RICHARD F AFABLE MD ..... INTERIM CEO (PART YEAR)	50 0 ..... 2 0			X				0	2,659,428	247,980
TAREK SALAWAY ..... CHIEF EXECUTIVE	50 0 ..... 2 0			X				0	539,859	11,947
TARA COWELL ..... VP/ASSOC GENERAL COUNSEL/SEC	2 0 ..... 52 0			X				0	471,848	49,377

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			
EILEEN HAUBL ..... SVP & CHIEF FINANCIAL OFFICER	50 0 ..... 0 0			X				533,245	0	45,696
CYNTHIA MUELLER ..... VP MISSION INTEGRATION	50 0 ..... 0 0			X				417,793	0	46,036
MICHAEL BECK ..... VP, CHIEF ADMIN OFFICER - LB	50 0 ..... 0 0				X			395,830	0	54,766
TERRENCE WOOTEN ..... VP INTEGRATED OPERATIONS	50 0 ..... 0 0				X			268,998	0	24,968
DEANNE NIEDZIELA ..... EXEC DIR, NURSING	50 0 ..... 0 0				X			203,079	0	39,383
LINDA SIEGLEN ..... CHIEF MEDICAL OFFICER	50 0 ..... 0 0					X		540,736	0	35,333
LINDA JOHNSON ..... CHIEF NURSING OFFICER	50 0 ..... 0 0					X		452,689	0	27,017
TERRI FOX-COVERT ..... VP HUMAN RESOURCES	50 0 ..... 0 0					X		355,410	0	53,737
JOCELYN CHOPRA ..... REGISTERED NURSE	50 0 ..... 0 0					X		283,616	0	35,905
PHUC MAI ..... DIRECTORY PHARMACY	50 0 ..... 0 0					X		255,888	0	31,966



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			
KENNETH MCFARLAND ..... FORMER CEO (FORMER OFFICER)	2 0 ..... 50 0						X	0	1,043,841	10,736

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service <b>Name of the organization</b> MISSION HOSPITAL REGIONAL MEDICAL CENTER	<b>Employer identification number</b> 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ 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 )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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		
<b>Total</b>						

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, 8, or 9 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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a** **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have 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>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			



**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).

<b>Facts And Circumstances Test</b>

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**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
--	--

**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-
1					
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

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	0
<b>d</b>	Mailings to members, legislators, or the public?		No	0
<b>e</b>	Publications, or published or broadcast statements?		No	0
<b>f</b>	Grants to other organizations for lobbying purposes?		No	0
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b>	Other activities?	Yes		43,084
<b>j</b>	Total. Add lines 1c through 1i			43,084
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135132488	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER				Employer identification number 95-1643360	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
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			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,520,369	4,693,718	4,573,054	2,009,707	1,766,554
b Contributions	0	40,365	47,943	2,176,600	102,259
c Net investment earnings, gains, and losses	654,184	-73,142	118,728	421,408	161,946
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs		95,886	0	0	0
f Administrative expenses	11,474	44,686	46,007	34,661	21,052
g End of year balance	5,163,079	4,520,369	4,693,718	4,573,054	2,009,707

2

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

a

Board designated or quasi-endowment

61 000 %

b

Permanent endowment

39 000 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,188,370		49,188,370
b Buildings		329,679,714	109,348,542	220,331,172
c Leasehold improvements		25,128,621	16,598,893	8,529,728
d Equipment		200,621,524	141,508,853	59,112,671
e Other		11,047,907	28,314	11,019,593
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				348,181,534

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCO WITH HEALTH SYSTEM - BONDS	176,822,148
INTERCOMPANY PAYABLE	20,039,112
THIRD PARTY PAYABLE	4,387,590
OTHER LIABILITIES	3,774,905
DUE TO SJHS	40,000,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	245,023,755

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**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.

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

**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
See Additional Data Table	



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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE USE OF THE RESTRICTED ENDOWMENTS ARE SPECIFIED WHEN PU T IN PLACE BY THE DONORS LIKE ALL ENDOWMENTS, ONLY THE DISTRIBUTED EARNED INCOME IS AVAIL ABLE 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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135132488	
SCHEDULE G (Form 990 or 990-EZ)	<b>Supplemental Information Regarding Fundraising or Gaming Activities</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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.

Revenue		(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))
	<b>1</b> Gross receipts . . . . .	404,253	1,079,639	773,690	2,257,582
	<b>2</b> Less Contributions . . . . .	372,690	516,374	394,759	1,283,823
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	31,563	563,265	378,931	973,759
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	38,973	0	24,341	63,314
	<b>7</b> Food and beverages . . . . .	38,973	158,027	85,384	282,384
	<b>8</b> Entertainment . . . . .	0	12,900	13,000	25,900
	<b>9</b> Other direct expenses . . . . .	142,861	160,236	92,409	395,506
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				767,104
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				206,655

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .			279,146	279,146
Direct Expenses	<b>2</b> Cash prizes . . . . .			3,750	3,750
	<b>3</b> Noncash prizes . . . . .			0	0
	<b>4</b> Rent/facility costs . . . . .			0	0
	<b>5</b> Other direct expenses . . . . .			0	0
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				3,750
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				275,396

**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 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>12</b>	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in	
<b>a</b>	The organization's facility	<b>13a</b> 0 %
<b>b</b>	An outside facility	<b>13b</b> 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 ► \$ 12,522

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 ► \$ 251,231

**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 AS A HOSPITAL, THEY ARE NOT REQUIRED TO REGISTER WITH THE CALIFORNIA ATTORNEY GENERAL THERE WERE RAFFLES FOR PRIZE BASKETS AND CASH PRIZES TOTALLING \$3,750 90% OF THE PROCEEDS WERE RETAINED AS REQUIRED

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► 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](http://www.irs.gov/form990).

Department of the Treasury

Name of the organization

MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number

95-1643360

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	Yes	
1b	If "Yes," was it a written policy?	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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	Yes	
	<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 %		
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			11,387,477		11,387,477	1 850 %
b Medicaid (from Worksheet 3, column a)			97,823,554	61,219,483	36,604,071	5 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			109,211,031	61,219,483	47,991,548	7 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,092,770	312,991	3,779,779	0 610 %
f Health professions education (from Worksheet 5)			378,301		378,301	0 060 %
g Subsidized health services (from Worksheet 6)			455,443		455,443	0 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,729,485		3,729,485	0 610 %
j Total. Other Benefits			8,655,999	312,991	8,343,008	1 350 %
k Total. Add lines 7d and 7j			117,867,030	61,532,474	56,334,556	9 150 %

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

Cat No 50192T

Schedule H (Form 990) 2016

**Part II Community 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
<b>1</b> Physical improvements and housing			32,101		32,101	0 010 %
<b>2</b> Economic development						
<b>3</b> Community support			44,082		44,082	0 010 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			180,950		180,950	0 030 %
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other			101,583		101,583	0 020 %
<b>10 Total</b>			358,716		358,716	0 070 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	11,548,423	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	112,287,410
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	141,820,657
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-29,533,247
<b>8</b> 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> MECC - SEE PART VI	PHYSICIAN OFFICE&CONF ED CTR	50 %		50 %
<b>2</b> MAS - SEE PART VI	OUTPATIENT SURGERY CENTER	39 58 %		60 42 %
<b>3</b> MVPPI - SEE PART VI	MEDICAL OFFICE BUILDING	24 8 %		11 44 %
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> 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	<b>13</b> Yes	
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> 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)	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MISSION HOSPITAL REGIONAL MEDICAL CTR

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> 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? . . . . .	<b>17</b>	Yes	
<b>18</b> 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MISSION HOSPITAL REGIONAL MEDICAL CTR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**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? 4

Name and address	Type of Facility (describe)
<b>1</b> MISSION AMBULATORY SURGICENTER LTD 26730 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691	OUTPATIENT SURGERY CENTER
<b>2</b> CALIFORNIA SPECIALTY SURGERY CENTER LP 26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691	OUTPATIENT SURGERY CENTER
<b>3</b> FAMILY RESOURCE CENTER 22481 ASPAN STREET LAKE FOREST, CA 92630	COMMUNITY OUTREACH CENTER
<b>4</b> CHEC FAMILY RESOURCE CENTER 27412 CALLE ARROYO MISSION VIEJO, CA 92675	COMMUNITY OUTREACH CENTER
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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 <a href="https://www.mission4health.com/documents/MH-CBR-FY17.pdf">https //www mission4health com/documents/MH-CBR-FY17 pdf</a>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7A-I	<p>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 SCHEDULE H, PART I, LINE 7, COLUMN (F) JOINT VENTURE COSTS OF \$4,206,055 WERE INCLUDED IN THE TOTAL EXPENSE AMOUNT USED TO CALCULATE PERCENTAGES IN PART I, LINE 7, COLUMN F SCHEDULE H, PART I, LINE 7, COLUMN (G) HELPING HANDS - PHARMACY, DME &amp; MISC - \$23,741 ORANGE COUNTY RECUPERATIVE PROJECT - \$99,608 HELPING HANDS - MEALS AND TRANSPORTATION - \$28,659 BHS POST HOSPITALIZATION ASSISTANCE PROGRAM - \$72,434 FRIENDSHIP SHELTER TRAN CARE SVC - \$231,000 TOTAL - \$455,443</p>

**990 Schedule H, Supplemental Information**

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>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	FINANCIAL STATEMENT BAD DEBT EXPENSE FOOTNOTE FOOTNOTE FROM THE PROVIDENCE ST JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/2017 THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, 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

# 990 Schedule H, Supplemental Information

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 3 MISSION VIEJO PHYSICIAN PARTNERS I, LLC



## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION MISSION HOSPITALS TOTAL HOSPITAL SERVICE AREA (TSA) INCLUDES PORTIONS OF SOUTH ORANGE COUNTY THE TOTAL HOSPITAL SERVICE AREA POPULATION IS 609,266 WITH A MEDIAN HOUSHOLD INCOME OF NEARLY \$100,000 THE TOTAL SERVICE HAS 12 4 PERCENT OF THE POPULATION WITH A HOUSEHOLD INCOME BELOW 200% FPL AND 7 7 PERCENT OF CHILDREN AND 7 1 PERCENT OF OLDER ADULTS LIVE BELOW 100% OF POVERTY LEVEL WHEN LOOKING AT THE PRIMARY SERVICE AREA, 22 3 PERCENT OF THE POPULATION IS UNDER THE AGE OF 18 AND 15 1 PERCENT OF THE POPULATION IS OVER THE AGE OF 65 FUTHERMORE, 13 PERCENT OF THE POPULATIONS HOUSEHOLD INCOME IS BELOW 200% FPL AND 8 5 PERCENT OF CHILDREN AND 6 6 PERCENT OF OLDER ADULTS LIVE BELOW 100% OF FEDERAL POVERTY LEVEL MISSION HOSPITALS TSA IS PRIMARILY CAUCASIAN, REPRESENTING 64 1 PERCENT OF THE TOTAL POPULATION HISPANIC RESIDENTS MAKE UP 20 1 PERCENT AND THE REMAINING 15 PERCENT ARE OTHER ETHNICITIES THE REPRESENTATION OF RACIAL AND ETHNIC DIVERSITY IS THE VIRTUALLY THE SAME IN MISSION HOSPITALS PSA BECAUSE OF THE EXTREME DIVERSITY OF INCOME IN MISSION HOSPITALS TSA, ONLY ONE ZIP CODE IS IDENTIFIED AS HAVING HIGH NEEDS SAN JUAN CAPISTRANO, ZIP CODE 92675 HOWEVER, THERE ARE MANY POCKETS OF POVERTY WITHIN THE TSA THAT REMAIN HIDDEN DUE TO THE WIDE VARIANCE OF HOUSEHOLD INCOMES BY ZIP CODE OTHER HOSPITALS IN THE COMMUNITY INCLUDE SADDLEBACK MEMORIAL-LAGUNA HILLS AND CHILDREN'S HOSPITAL OF ORANGE COUNTY AT MISSION HEALTH PROFESSIONS SHORTAGE AREA MENTAL, DENTAL, OTHER THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SHORTAGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I E , SERVICE AREA), DEMOGRAPHICS (I E , LOW-INCOME POPULATION), OR INSTITUTIONS (I E , COMPREHENSIVE HEALTH CENTERS) MISSION HOSPITAL IS NOT LOCATED IN A SHORTAGE AREA MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREAS LEVEL OF MEDICAL "UNDER SERVICE " MEDICALLY UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY MISSION HOSPITAL MISSION VIEJO AND MISSION HOSPITAL LAGUNA BEACH ARE NOT LOCATED IN MEDICALLY UNDERSERVED AREAS HOWEVER, COASTAL COMMUNITIES WITHIN THEIR SERVICE AREA, STRETCHING BETWEEN DANA POINT AND SAN CLEMENTE, ARE DESIGNATED AS MEDICALLY UNDERSERVED AREA/MEDICALLY UNDERSERVED POPULATION AREAS, SIGNIFYING THE IMPORTANCE OF MISSION HOSPITAL TO THE COMMUNITY IT SERVES FOR MORE INFORMATION, GO TO THE MISSION HOSPITALS FY17 COMMUNITY BENEFIT REPORT POSTED AT <a href="https://www.mission4health.com/documents/MH-CBR-FY17.pdf">https //www.mission4health.com/documents/MH-CBR-FY17.pdf</a></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 HOS PITAL FOUNDED IN 1971, LOCATED IN THE CITIES OF MISSION VIEJO AND LAGUNA BEACH SERVING THE FOLLOWING COMMUNITIES MISSION VIEJO, LAGUNA BEACH, LAGUNA NIGUEL, SAN JUAN CAPISTRANO, S AN CLEMENTE, RANCHO SANTA MARGARITA, LAKE FOREST, LAGUNA HILLS, DANA POINT LADERA RANCH TR ABUCO CANYON, CAPISTRANO BEACH AND ALISO VIEJO MISSION HOSPITAL PROVIDES VITAL HOSPITAL A ND COMMUNITY SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH I TS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE (TRADITIONAL CHARITY CARE) AND DISCOUNTED C ARE 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 B ENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF T RUSTEES, 2) AN OPEN MEDICAL STAFF AND 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ARE IN PAR T FUNDED BY CARE FOR THE POOR DOLLARS LOCAL COMMUNITY BENEFIT COMMITTEE THE ROLE OF THE MISSION HOSPITAL COMMUNITY BENEFIT COMMITTEE IS TO SUPPORT THE BOARD OF TRUSTEES IN OVERSE EING COMMUNITY BENEFIT EFFORTS THE COMMITTEE ACTS IN ACCORDANCE WITH A BOARD-APPROVED CHA RTER THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH DEVELOPING POLICIES AND PROGRAMS THA T ADDRESS IDENTIFIED NEEDS IN THE SERVICE AREA PARTICULARLY FOR UNDERSERVED POPULATIONS, O VERSEEING DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMM UNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORTS, AND PROVIDING DIRECTION OF COMMUNITY B ENEFIT ACTIVITIES THE COMMUNITY BENEFIT COMMITTEE HAS A MINIMUM OF EIGHT MEMBERS INCLUDIN G 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 E XPERIENCE WITH THE POPULATIONS MOST LIKELY TO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS TH E COMMUNITY BENEFIT COMMITTEE GENERALLY MEETS SIX TIMES ANNUALLY MISSION HOSPITALS FY15-F Y17 CB PLAN/IMPLEMENTATION STRATEGY REPORT FOCUSED ON INCREASING ACCESS TO HEALTH CARE H IGHLIGHTS FROM FY17 INCLUDE INCREASING THE NUMBER OF UNDUPLICATED PERSONS SERVED THROUGH C AMINO HEALTH CENTER BY 34 6% FROM 9,052 IN FY14 TO 12,191 IN FY17, ENROLLING 3,037 NEW PEO PLE INTO HEALTH INSURANCE, IMPLEMENTING A COMMUNITY HEALTH WORKER PROGRAM THAT EDUCATED AN D EMPOWERED 5,752 INDIVIDUALS (ENCOUNTERS) ON HOW TO ACCESS HEALTH CARE SERVICES, AND ASSI STED 304 RESIDENTS TO LINK TO SERVICES AT OUR FAMILY RESOURCE CENTERS WE INCREASED THE NU MBER OF SPECIALTY PROVIDERS AT MISSION HOSPITAL COMMUNITY BENEFIT EVENTS FROM 8 PROVIDERS IN FY14 TO 28 IN FY17 IMPROVING MENTAL HEALTH THE BILINGUAL MENTAL HEALTH COUNSELORS AND SUPERVISED CLINICAL INTERNS AT THE FAMILY RESOURCE CENTERS SERVED 369 ADULTS AND CHILDREN WITH INDIVIDUAL, COUPLE AND FAMILY THERAPY, SUPPORT GROUPS AND WORKSHOPS 119 CLIENTS REC EIVED PSYCHIATRIC ASSESSMENTS AND MEDICATION MANAGEMENT 23,047 COMMUNITY RESIDENTS WERE R EACHED THROUGH OUR OUTREACH AND EDUCATION EFFORTS ON THE TOPIC OF MENTAL HEALTH 1,744 PEO PLE MADE PROMISES TO TALK ABOUT MENTAL HEALTH THROUGH OUR EACH MIND MATTERS CAMPAIGN, AIME D AT REDUCING THE STIGMA SURROUNDING MENTAL HEALTH SUBSTANCE USE PREVENTION AMONG YOUTH THE INITIATIVE SUPPORTED SCHOOL ASSEMBLIES, COMMUNITY PRESENTATIONS, MULTI-FAMILY EVENTS, HEALTH FAIRS AND WORKSHOPS FOR 6,171 COMMUNITY MEMBERS ACTIVITIES INCLUDED SCHOOL-WIDE PR EVENTION EDUCATION PRESENTATIONS, PARENT AND CHILD FACILITATED RELATIONSHIP-BUILDING WORKS HOPS, SCHOOL MENTAL HEALTH AWARENESS EVENTS, AND ADOLESCENT MINDFULNESS CLASSES FY17 OTHE R COMMUNITY BENEFIT PROGRAM ACCOMPLISHMENTS INCLUDED FAMILY RESOURCE CENTERS (FRCS) TWO FA MILY RESOURCE CENTERS ARE MANAGED IN THE COMMUNITY TO PROVIDE ACCESS TO SOCIAL SERVICES FO R COMMUNITY MEMBERS WITH LIMITED RESOURCES THESE CENTERS ARE LIFELINES FOR MANY PEOPLE IN THE COMMUNITY AND SERVE A MUCH-NEEDED LINKAGE TO COMMUNITY PROGRAMS THE FOLLOWING SERVIC ES ARE PROVIDED MENTAL HEALTH SERVICES, SKILLS FOR LIFE PROGRAMS, HEALTH INSURANCE ACCESS , PARENTING SUPPORT &amp; EDUCATION, PARENT/CHILD CLASSES, FAMILY ADVOCACY, INFORMATION &amp; RESO URCE SERVICES, PERSONAL EMPOWERMENT PROGRAMS, FINANCIAL COUNSELING, EDUCATION ASSISTANCE A ND LIMITED EMERGENCY ASSISTANCE IN FY17, 34,392 ENCOUNTERS OCCURRED AT MISSION HOSPITALS TWO FAMILY RESOURCE CENTERS IN FY17, THE SOUTH ORANGE COUNTY FAMILY RESOURCE CENTER (SOCF RC) COMPLETED THE BUILD OF A NEW 20,000 SQUARE FOOT BUILDING THAT HOUSES BOTH THE FRC AND THE 3RD LOCATION FOR CAMINO HEALTH CENTER THE NEW, LARGER SOUTH ORANGE COUNTY FAMILY RESO URCE CENTER LOCATION ALSO ALLOWED THE TEAM TO BEGIN INCREASING ITS CAPACITY TO SERVE THE C OMMUNITY DURING THE SECOND HALF OF FY17 AFTER THEY OFFICIALLY OPENED THEIR DOORS ON JANUAR Y 2, 2017 THE TEAM WAS ABLE TO INCREASE THE NUMBER OF CLIENTS SERVED BY 31 77%, FROM 1,24 0 BETWEEN JULY AND DECEMBER 2016 TO 1,634 BETWEEN</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>JANUARY AND JUNE 2017 IN ADDITION, THE TEAM WAS ABLE TO INCREASE THE NUMBER OF ENCOUNTERS WITH CLIENTS BY 15 55%, FROM 11,684 BETWEEN JULY AND DECEMBER 2016 TO 13,501 BETWEEN JANUARY AND JUNE 2017 SENIOR TRANSPORTATION NON-EMERGENCY TRANSPORTATION SERVICE FOR SENIORS OVER 60 YEARS OF AGE RESIDING IN SOUTH ORANGE COUNTY WHO ARE RECEIVING SERVICES AT MISSION HOSPITAL CAMPUSES IN MISSION VIEJO AND LAGUNA BEACH TRANSPORTATION SERVICE IS INTENDED FOR MEDICAL APPOINTMENTS INCLUDING OUTPATIENT THERAPY, TESTING AND X-RAYS, PHARMACY, HEALTH CLASSES, REHABILITATION AND SUPPORT GROUPS PROGRAM WAS EXPANDED TO PROVIDE SERVICES TO LOW INCOME INDIVIDUALS 59 YEARS OLD AND YOUNGER, AND INCLUDED THE 3 FEDERALLY QUALIFIED HEALTH CENTER LOCATIONS IN SOUTH ORANGE COUNTY AND 2 FAMILY RESOURCE CENTERS THE ENTIRE TRANSPORTATION PROGRAM PROVIDED TRANSPORTATION TO 225 UNDUPLICATED INDIVIDUALS, ACCOUNTING FOR MORE THAN 4,040 ENCOUNTERS CAMINO HEALTH CENTER (CHC) CAMINO IS A FULLY LICENSED, COMMUNITY-BASED FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDING AFFORDABLE, QUALITY PRIMARY MEDICAL, BEHAVIORAL HEALTH, DENTAL CARE AND WIC NUTRITION SERVICES THE CENTER ACCOMMODATES OVER 102,000 VISITS ANNUALLY AT ITS THREE FIXED CLINIC SITE LOCATIONS IN LAKE FOREST, SAN CLEMENTE, AND SAN JUAN CAPISTRANO MISSION HOSPITAL IS THE SOLE CORPORATE SPONSOR OF CHC CAMINO GREW ITS STAFFING FROM 80 TO 94 STAFF/CONTRACTORS, AN INCREASE OF 17 5%, TO BETTER MEET THE COMMUNITY NEED FOR ACCESS TO AFFORDABLE, QUALITY, HEALTH CARE SERVICES CAMINOS PATIENT BASE INCREASED FROM 13,309 IN CY15 TO 14,468 IN CY16, AN INCREASE OF 9% THIS REPRESENTS A PENETRATION RATE OF 15% INTO THE LOW INCOME COMMUNITY IN SOUTH ORANGE COUNTY A PEDIATRICIAN WAS HIRED TO BETTER SERVE INFANT AND ADOLESCENT PATIENTS THREE NEW SPECIALTY CARE SERVICES WERE ALSO ADDED IN FY17 TO THE HEALTH CENTERS SCOPE OF SERVICES NEPHROLOGY, NEUROLOGY, AND PULMONOLOGY CHC COMPLETED THE BUILD OUT OF THE NEW 10,000 SQUARE FOOT HEALTH CENTER LOCATION IN LAKE FOREST COMPLETE WITH 16 EXAM ROOMS, FIVE DENTAL OPERATORIES, AND A WIC SUITE THIS LOCATION ALSO HOUSES THE FRC AND CREATES WRAP-AROUND SERVICES FOR COMMUNITY MEMBERS IN ADDITION, COLLABORATION AND REFERRAL PROCESSES WERE DEVELOPED BETWEEN THE MEDICAL CLINIC AND THE WIC PROGRAM TO PROMOTE BOTH SERVICES LINES NEARLY HALF OF THE INFANTS ENROLLED IN THE WIC PROGRAM (46 7%) WERE BREASTFED COMPARED TO THE COUNTY AVERAGE OF 37 9% AND THE STATEWIDE AVERAGE OF 40 5% CHC HAS BEEN RECOGNIZED BY, AND RECEIVED NEARLY \$145,000 IN QUALITY AWARD DOLLARS, BY THE FEDERAL GOVERNMENT FOR DISPLAYING HIGH LEVELS OF QUALITY PERFORMANCE COMMUNITY SUPPORT GROUPS AT OUR LAGUNA BEACH CAMPUS, WE PROVIDE IN-KIND MEETING SPACE TO OVER 20 COMMUNITY-LED SUPPORT GROUPS SUCH AS ALCOHOLICS ANONYMOUS, AL-ANON FAMILY GROUPS, NATIONAL ALLIANCE FOR THE MENTALLY ILL AND THE DEPRESSION &amp; BIPOLAR SUPPORT ALLIANCE THERE ARE GROUP MEETINGS SEVEN DAYS A WEEK AT MISSION HOSPITAL LAGUNA BEACH WITH GROUPS RANGING FROM 10 TO 150 PEOPLE EACH WEEK THIS IN-KIND CONTRIBUTION REPRESENTS CLOSE TO \$74,000 TO SUPPORT THE COMMUNITY ORANGE COUNTY RECUPERATIVE PROJECT (OCRP) THE OCRP IS A REGIONAL PROJECT SUPPORTED BY ORANGE COUNTY HOSPITALS TO PROVIDE INTERIM HOUSING ARRANGEMENTS AFTER A HOSPITALIZATION HOMELESS INDIVIDUALS RECEIVE REHABILITATIVE CARE BEFORE RETURNING TO THEIR NORMAL LIVING ENVIRONMENT ON-SITE CASE MANAGEMENT SERVICES ARE PROVIDED TO SECURE PERMANENT HOUSING IN FY17 45 CLIENTS WERE ADMITTED TO THE PROGRAM WITH AN AVERAGE LENGTH OF STAY OF 10 6 DAYS 480 BED NIGHTS WERE PROVIDED IN ALL SOUTH COUNTY SAFE RIDES 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 104 RIDES WERE PROVIDED TO YOUTH THROUGH OUR MISSION VIEJO AND LAGUNA BEACH CAMPUSES FLU CLINICS COMPLIMENTARY FLU AND PNEUMONIA VACCINES ARE OFFERED BY OUR NURSES IN THE LO</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM MISSION HOSPITAL IS A HEALING MINISTRY OF PROVIDENCE ST JOSEPH HEALTH, A NEW ORGANIZATION CREATED BY PROVIDENCE HEALTH &amp; SERVICES AND ST JOSEPH HEALTH WITH THE GOAL OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE TOGETHER, OUR 111,000 CAREGIVERS (ALL EMPLOYEES) SERVE IN 50 HOSPITALS, 829 CLINICS AND A COMPREHENSIVE RANGE OF SERVICES ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE SYSTEM INCLUDES 50 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS ST JOSEPH HEALTH IN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA, TO PROVIDE EDUCATION AND HEALTH CARE THE MINISTRY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, THE CALIFORNIA HIGH DESERT, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA SJH COMMUNITY PARTNERSHIP FUND (FORMERLY THE ST JOSEPH HEALTH SYSTEM FOUNDATION) IN 1986, ST JOSEPH HEALTH (SJH) 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 (FORMERLY KNOWN AS THE ST JOSEPH HEALTH SYSTEM FOUNDATION) TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES EVERY YEAR, EACH ST JOSEPH HEALTH HOSPITAL CONTRIBUTES TEN PERCENT OF THEIR NET INCOME TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND TO SUPPORT OUTREACH EFFORTS FOR THE ECONOMICALLY POOR IN FY17 THIS AMOUNT TOTALED \$4 82 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 FUND'S 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 IN FY17, A TOTAL OF \$11 5 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 AND PROVIDENCE JOSEPH HEALTH GO TO <a href="http://www.stjhs.org">HTTP //WWW STJHS ORG</a> <a href="http://www.psjhealth.org/about-us">HTTP //WWW PSJHEALTH ORG/ABOUT-US</a></p>

## 990 Schedule H, Supplemental Information

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

# 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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO CA, CA 92691 WWW MISSION4HEALTH COM 06000146	X	X					X			



**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 5	<p>INPUT FROM COMMUNITY THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORMS COMMUNITY RESIDENT FOCUS GROUPS, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROU P, AND COMMUNITY FORUMS EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OP INIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY MISSION HOSPITAL WE DEVEL OPED A PROTOCOL (NOTED IN APPENDIX 4B TO THE CHNA) FOR EACH GROUP TO ENSURE CONSISTENCY AC ROSS INDIVIDUAL FOCUS GROUPS, ALTHOUGH THE FACILITATORS HAD SOME DISCRETION ON ASKING FOLL OW-UP QUESTIONS OR PROBES AS THEY SAW FIT INVITATION AND RECRUITMENT PROCEDURES VARIED FO R EACH TYPE OF GROUP APPENDIX 4 INCLUDES A FULL REPORT OF THE COMMUNITY INPUT PROCESS AND FINDINGS ALONG WITH DESCRIPTIONS OF THE PARTICIPANTS RESIDENT FOCUS GROUPS FOR COMMUNITY RESIDENT GROUPS, COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMITTEES AND THE SYSTEM OFFICE, IDENTIFIED GEOGRAPHIC AREAS WHERE DATA SUGGESTED THERE WERE SIGNIFICANT HEA LTH, PHYSICAL ENVIRONMENT, AND SOCIOECONOMIC CONCERNS THIS PROCESS ALSO IDENTIFIED THE LA NGUAGE NEEDS OF THE COMMUNITY, WHICH DETERMINED THE LANGUAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED COMMUNITY BENEFIT STAFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FOR AND HOST THE FOCUS GROUPS PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME TWO CONSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACIL ITATORS AND NOTE TAKERS THESE CONSULTANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY TO ENSURE CANDOR FROM THE PARTICIPANTS 55 HISPANIC RESIDENTS PARTICIPATED IN 4 FOCUS GROU PS, WITH OVER 75% REPRESENTING INCOME LEVELS BELOW \$75,000 ANNUALLY THE MAJORITY OF RESID ENTS WERE BETWEEN THE AGES OF 18 64 YEARS OF AGE NONPROFIT AND GOVERNMENT STAKEHOLDER FOC US GROUP FOR THE NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FROM ORGANIZATIONS THAT SERVE DIVERSE CONSTITUENCIES WITHIN T HE HOSPITALS SERVICE AREA MINISTRY STAFF SOUGHT TO INVITE ORGANIZATIONS WITH WHICH THEY H AD EXISTING RELATIONSHIPS, BUT ALSO USED THE FOCUS GROUP AS AN OPPORTUNITY TO BUILD NEW RE LATIONSHIPS WITH STAKEHOLDERS PARTICIPANTS WERE NOT GIVEN A MONETARY INCENTIVE FOR ATTEND ANCE AS WITH THE RESIDENT FOCUS GROUPS, THIS GROUP WAS FACILITATED BY OUTSIDE CONSULTANTS WITHOUT A DIRECT LINK TO ST JOSEPH HEALTH RESIDENT COMMUNITY FORUMS RECRUITMENT FOR THE COMMUNITY RESIDENT FORUMS WAS MUCH BROADER TO ENCOURAGE AS MANY PEOPLE AS POSSIBLE TO ATT END THE SESSION COMMUNITY BENEFIT STAFF PUBLICIZED THE EVENT THROUGH FLYERS AND EMAILS US ING THEIR EXISTING OUTREACH NETWORKS, AND ALSO ASKED THEIR PARTNER ORGANIZATIONS TO INVITE AND RECRUIT PARTICIPANTS NO FORMAL INVITATION LIST WAS USED FOR THE FORUMS AND ANYONE WH O WISHED TO ATTEND WAS WELCOMED THE FORUMS WERE CONDUCTED BY AN OUTSIDE CONSULTANT IN ENG LISH, WITH SIMULTANEOUS SPANISH LANGUAGE TRANSLATION FOR ANYONE WHO REQUESTED IT THE COMM UNITY FORUMS CONSISTED PRIMARI</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 5	LY OF HISPANIC RESIDENTS WHOSE HOUSEHOLD INCOME WAS LESS THAN \$75,000 ANNUALLY WHILE THE FOCUS GROUPS FOLLOWED A SIMILAR PROTOCOL TO EACH OTHER IN WHICH FIVE TO SIX QUESTIONS WERE ASKED OF THE GROUP, THE FORUMS FOLLOWED A DIFFERENT PROCESS THE LEAD FACILITATOR SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO FAR AND ASKED THE PARTICIPANTS TO COMMENT ON THEM AND ADD ANY OTHER CONCERNS ONCE THE DISCUSSION WAS COMPLETE, THE PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS THROUGH THIS DESIGN, THE FORUMS SERVED AS SOMETHING OF A "CAPSTONE" TO THE COMMUNITY INPUT PROCESS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 7A	THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL <a href="https://www.mission4health.com/documents/MH-CBR-FY17.pdf">https //www mission4health com/documents/MH-CBR-FY17 pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 10A	THE IMPLEMENTATION STRATEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL <a href="https://www.mission4health.com/documents/Community-Benefit/MH-CBPlan-ISReport-FY18-20.pdf">https://www.mission4health.com/documents/Community-Benefit/MH-CBPlan-ISReport-FY18-20.pdf</a>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 11	NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY WE ARE COMMITTED TO CONTINUE OUR MISSION THROUGH COMMUNITY BENEFIT PROGRAMS AND BY FUNDING OTHER NON-PROFITS THROUGH OUR CARE FOR THE POOR PROGRAM MANAGED BY THE MISSION HOSPITAL FURTHERM ORE, MISSION HOSPITAL WILL ENDORSE LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR FUN DING THROUGH THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE SPECIFIC SERVICES AND RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVE D COMMUNITIES THROUGHOUT MISSION HOSPITAL SERVICE AREAS THE FOLLOWING COMMUNITY HEALTH NE EDS IDENTIFIED IN THE MINISTRY CHNA WILL NOT BE ADDRESSED AND AN EXPLANATION IS PROVIDED B ELOW ACCESS TO RESOURCES MISSION HOSPITAL WILL CONTINUE TO FINANCIALLY SUPPORT CAMINO HE ALTH CENTER TO PROVIDE PRIMARY CARE SERVICES TO THE LOW-INCOME RESIDENTS OF SOUTH ORANGE C OUNTY AND DEPENDING ON THEIR EXPERTISE FOR SERVICE PROVISION WE WILL MAINTAIN MANY OF THE PROGRAMS CURRENTLY IN PLACE THROUGH ITS COMMUNITY BENEFIT PROGRAM TO CONTINUE PROVIDING A CCESS TO CARE SUCH AS HEALTH INSURANCE ENROLLMENT, PREVENTIVE SCREENINGS, EDUCATIONAL CLAS SES AND MEDICAL TRANSPORTATION SERVICES DENTAL CARE MISSION HOSPITAL DOES NOT DIRECTLY A DDRESS DENTAL NEEDS AS THIS IS OUTSIDE OUR SCOPE OF EXPERTISE, HOWEVER, WE WILL WORK IN CO LLABORATION WITH CAMINO HEALTH CENTER DENTAL SERVICES, LINKING CLIENTS OF THE FAMILY RESOU RCE CENTERS TO CAMINO SERVICES DIABETES CAMINO HEALTH CENTER IS THE PRIMARY MEDICAL PROV IDER FOR LOW-INCOME RESIDENTS AND HAS IDENTIFIED THIS CONDITION AS ONE OF THEIR 16 AREAS O F CLINICAL FOCUS WE WILL CONTINUE TO WORK COLLABORATIVELY WITH CAMINO TO CONNECT RESIDENT S IN NEED OF MEDICAL SERVICES WITH THEIR CENTER FOOD AND NUTRITION GIVEN OTHER PRIORITIE S RAISED DURING OUR MOST RECENT NEEDS ASSESSMENT, THIS ISSUE BECAME A LOWER PRIORITY COMPA RED TO OTHERS HOMELESSNESS MISSION HOSPITAL DOES NOT HAVE THE EXPERTISE TO DIRECTLY ADDR ESS HOMELESSNESS, HOWEVER WE PARTNER WITH SEVERAL ORGANIZATIONS THAT SERVE THE HOMELESS, I NCLUDING FAMILY ASSISTANCE MINISTRY, FRIENDSHIP SHELTER AND THE ILLUMINATION FOUNDATION H OUSING CONCERNS WE HAVE CONCENTRATED ON AFFORDABLE HOMES FOR MANY YEARS IN SOUTH ORANGE C OUNTY RESIDENTS SHARE THAT HOUSING COSTS REMAIN UNAFFORDABLE WITH THE RECENT CHANGES IN REDEVELOPMENT FUNDS AND THE LACK OF LOCAL RESOURCES AND COLLABORATIVE EFFORTS NEEDED TO FO CUS ON THIS ISSUE, THE COMMITTEE FELT OUR MINISTRY RESOURCES COULD BE BETTER UTILIZED IN T HE OTHER AREAS IDENTIFIED WE WILL CONTINUE TO WORK WITH AGENCIES WHO PROVIDE HOUSING ASSI STANCE SUCH AS ILLUMINATION FOUNDATION, FRIENDSHIP SHELTER, AND FAMILY ASSISTANCE MINISTRY INSURANCE AND COST OF CARE GIVEN OTHER PRIORITIES RAISED DURING OUR MOST RECENT NEEDS A SSSMENT, THIS ISSUE BECAME A LOWER PRIORITY COMPARED TO OTHERS LACK OF EDUCATION GIVEN OTHER PRIORITIES RAISED DURING OUR MOST RECENT NEEDS ASSESSMENT, THIS ISSUE BECAME A LOWE R PRIORITY COMPARED TO OTHERS

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 11	LACK OF EXERCISE GIVEN OTHER PRIORITIES RAISED DURING OUR MOST RECENT NEEDS ASSESSMENT, THIS ISSUE BECAME A LOWER PRIORITY COMPARED TO OTHERS LANGUAGE AND CULTURAL BARRIERS MIS SION HOSPITAL MAY CONSIDER HOW TO ADDRESS BARRIERS RELATED TO LANGUAGE AND CULTURE IN THE IMMIGRATION AND ECONOMIC STABILITY INITIATIVES OBESITY GIVEN OTHER PRIORITIES RAISED DUR ING OUR MOST RECENT NEEDS ASSESSMENT, THIS ISSUE BECAME A LOWER PRIORITY COMPARED TO OTHER S

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 13H	OTHER BASIS FOR CALCULATING AMOUNT CHARGED TO 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 USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 16A	<a href="https://www.mission4health.com/documents/Patient-Financial-Assistance/Financial-Assistance-Policy-ENGLISH_4-20-16.pdf">https://www.mission4health.com/documents/Patient-Financial-Assistance/Financial-Assistance-Policy-ENGLISH_4-20-16.pdf</a>



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 16B	<a href="https://www.mission4health.com/documents/Patient-Financial-Assistance/Financial-Assistance-Application-SCAL-ENGLISH_3-8-16.pdf">https://www.mission4health.com/documents/Patient-Financial-Assistance/Financial-Assistance-Application-SCAL-ENGLISH_3-8-16.pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 16C	<a href="https://www.mission4health.com/documents/Patient-Financial-Assistance/Mission_FABrochure_2016.pdf">https://www.mission4health.com/documents/Patient-Financial-Assistance/Mission_FABrochure_2016.pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 16J	OTHER METHOD FOR PUBLICIZING POLICIES THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135132488

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MISSION HOSPITAL REGIONAL MEDICAL CENTER

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
95-1643360

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 20

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**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
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
BOYS AND GIRLS CLUB OF LAGUNA BEACH 1085 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	95-1878822	501(c)(3)	100,000	0			PROGRAM SUPPORT
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	33-0574214	501(c)(3)	1,859,047	0			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
CHOC CHILDREN FOUNDATION 1201 WEST LA VETA AVE ORANGE, CA 92868	95-6097416	501(c)(3)	15,000	0			PROGRAM SUPPORT
COALITION OF ORANGE COUNTY COMMUNITY 515 N CABRILLO PRK DR SUITE 225 SANTA ANA, CA 92701	95-2900725	501(c)(3)	33,000	0			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)	30,000	0			PROGRAM SUPPORT
CREER COMUNIDAD Y FAMILIA PO BOX 1347 SAN JUAN CAPISTRANO, CA 92693	33-0486106	501(c)(3)	15,000	0			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
FRANCEL GUEST HOME INC 9441 HOUSTON AVE ANAHEIM, CA 92801	65-1293194	501(c)(3)	7,258	0			PROGRAM SUPPORT
FRIENDSHIP SHELTER PO BOX 4252 LAGUNA BEACH, CA 92652	33-0218404	501(c)(3)	102,320	0			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 SENIORS 380 THIRD ST LAGUNA BEACH, CA 92651	95-2983350	501(c)(3)	20,000	0			PROGRAM SUPPORT
NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE 21068 BAKE PARKWAY IRVINE, CA 92618	95-1970946	501(c)(3)	87,581	0			

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
RANCHO MISSION VIEJO RODEO PO BOX 9 SAN JUAN CAPISTRANO, CA 92693	33-0954148	501(c)(3)	10,000	0			
SECOND HARVEST FOOD BANK 8014 MARINE WY IRVINE, CA 92618	32-0362611	501(c)(3)	34,000	0			

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
ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE IRVINE, CA 92612	33-0143024	501(c)(3)	4,820,000	0			
TALLER SAN JOSE 801 N BROADWAY SANTA ANA, CA 92701	59-3816355	501(c)(3)	10,000	0			

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
THE ILLUMINATION FOUNDATION 2691 RICHTER AVE STE 107 IRVINE, CA 92606	71-1047686	501(c)(3)	85,502	0			
WELLNESS AND PREVENTION CENTER SAN CLEMENTE 700 AVENIDA PICO SAN CLEMENTE, CA 92673	47-2443093	501(c)(3)	75,090	0			

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
WESTERN YOUTH SERVICES 23461 S POINTE DRIVE SUITE 220 LAGUNA HILLS, CA 92653	95-3507054	501(c)(3)	60,000	0			
ST TIMOTHY'S CATHOLIC CHURCH 29102 CROWN VALLEY PARKWAY LAGUNA NIGUEL, CA 92677	95-3656905	501(c)(3)		46,819		FOOD DONATION	

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)		46,781		FOOD DONATION	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
CALIFORNIA YELLOW CAB		15,124	0		
NURSE NEXT DOOR		11,261	0		
HELPING HANDS-PAID TO PATIENTS	215	23,321			
BENEFITS PROVIDED TO COMMUNITY	436	9,542			
DONATIONS TO INDIVIDUALS<\$5K	484	12,200	7,983	FMV	TURKEY DONATIONS



Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
FUNERALS	8	13,807			
PALLIATIVE CARE	14	4,183			
MAMMOGRAMS	8	2,995			

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](http://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

Questions Regarding Compensation

	Yes	No
<b>1a</b> 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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> 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.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	Yes
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FOR EITHER PART OR ALL OF THE YEAR: KENNETH MCFARLAND - \$584,195. 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 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. CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY. THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM THESE PLANS.
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				
1MICHAEL MARINO DO BOD, SVP, CHIEF MED INFO OFCR	(i)	0	0	0	0	0	0	0
	(ii)	440,509	198,164	54,123	13,250	-	-	0
						2,837	708,883	
1KENNETH MCFARLAND FORMER CEO (FORMER OFFICER)	(i)	0	0	0	0	0	0	0
	(ii)	72,200	380,187	591,454	5,776	-	-	0
						4,960	1,054,577	
2RICHARD F AFABLE MD INTERIM CEO (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	826,886	1,358,356	474,186	225,381	-	-	395,044
						22,599	2,907,408	
3TAREK SALAWAY CHIEF EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	384,312	124,986	30,561	0	-	-	0
						11,947	551,806	
4TARA COWELL VP/ASSOC GENERAL COUNSEL/SEC	(i)	0	0	0	0	0	0	0
	(ii)	299,623	130,706	41,519	18,523	-	-	0
						30,854	521,225	
5EILEEN HAUBL SVP & CHIEF FINANCIAL OFFICER	(i)	329,529	147,319	56,397	23,129	22,567	578,941	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6CYNTHIA MUELLER VP MISSION INTEGRATION	(i)	266,913	116,981	33,899	23,614	22,422	463,829	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7MICHAEL BECK VP, CHIEF ADMIN OFFICER - LB	(i)	248,803	116,549	30,478	23,408	31,358	450,596	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8LINDA SIEGLEN CHIEF MEDICAL OFFICER	(i)	372,152	166,968	1,616	10,600	24,733	576,069	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9TERRENCE WOOTEN VP INTEGRATED OPERATIONS	(i)	177,584	72,394	19,020	16,129	8,839	293,966	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10DEANNE NIEDZIELA EXEC DIR, NURSING	(i)	169,122	30,259	3,698	15,691	23,692	242,462	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11LINDA JOHNSON CHIEF NURSING OFFICER	(i)	157,316	0	295,373	8,341	18,676	479,706	15,098
	(ii)	0	0	0	0	-	-	0
						0	0	
12TERRI FOX-COVERT VP HUMAN RESOURCES	(i)	225,961	103,189	26,260	21,159	32,578	409,147	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13JOCELYN CHOPRA REGISTERED NURSE	(i)	260,802	19,571	3,243	21,146	14,759	319,521	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14PHUC MAI DIRECTORY PHARMACY	(i)	218,426	33,265	4,197	8,524	23,442	287,854	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number

95-1643360

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	298,121	MEDICAL DEVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	775,525	NEUROSURGICAL SERVICES		No



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	261,706	ADVERTISING AGREEMENT		No
COAST RADIOLOGY IMAGING INTERVENT	ENTITY MORE THAN 35% OWNED BY BOARD TRUSTEE TODD LEMPert, M D	1,425,941	MEDICAL SERVICES		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number  
95-1643360

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions 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	22	573,748	COST/SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
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	553	389,357	COST/SELLING PRICE
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

No

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

32a

Yes

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

33

**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 \$389,357 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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493135132488
<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <small>Department of the Treasury <del>Internal Revenue Service</del></small>	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b> <b>Open to Public Inspection</b>
Name of the organization MISSION HOSPITAL REGIONAL MEDICAL CENTER		Employer identification number  95-1643360	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ST JOSEPH HEALTH SYSTEM 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 SHOULD 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" MINISTRY 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 MINISTRY THE MINISTRY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, THE CALIFORNIA HIGH DESERT, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA PROVIDENCE ST JOSEPH HEALTH MISSION HOSPITAL IS A HEALING MINISTRY OF PROVIDENCE ST JOSEPH HEALTH, A NEW ORGANIZATION CREATED BY PROVIDENCE HEALTH &amp; SERVICES AND ST JOSEPH HEALTH WITH THE GOAL OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE TOGETHER, OUR 111,000 CAREGIVERS (ALL EMPLOYEES) SERVE IN 50 HOSPITALS, 829 CLINICS AND A COMPREHENSIVE RANGE OF SERVICES ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE SYSTEM INCLUDES 50 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS ON JULY 1, 2016, PROVIDENCE HEALTH SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT, THE PURPOSE OF WHICH WAS TO BETTER SERVE BOTH ORGANIZATIONS' COMMUNITIES, MAINTAIN STRONG TRADITIONS OF CATHOLIC HEALTHCARE, AND PROVIDE GREATER AFFORDABILITY AND ACCESS TO HEALTHCARE SERVICES AS PART OF THE BUSINESS COMBINATION, PHS AND SJHS ALIGNED UNDER A SINGLE PARENT CORPORATION, PROVIDENCE ST JOSEPH HEALTH, WITH A CONSOLIDATED BOARD OF DIRECTORS AND COSPONSORSHIP FROM THE PUBLIC JURIDIC PERSONS PROVIDENCE MINISTRIES AND ST JOSEPH HEALTH MINISTRY REALIZING OUR MISSION MISSION HOSPITAL HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE LOCAL COMMUNITY FOR OVER 46 YEARS SERVING THE COMMUNITIES OF MISSION VIEJO, LAGUNA BEACH, LAGUNA NIGUEL, SAN JUAN CAPISTRANO, SAN CLEMENTE, RANCHO SANTA ANA</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RGARITA, LAKE FOREST, LAGUNA HILLS, DANA POINT LADERA RANCH TRABUCO CANYON, CAPISTRANO BEACH AND ALISO VIEJO MISSION HOSPITAL IS AN ACUTE CARE, FULL SERVICE HOSPITAL 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 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 FY17, MISSION HOSPITAL PROVIDED \$11,387,477 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 FY17, MISSION HOSPITAL PROVIDED \$36,604,071 IN MEDICAID SHORTFALL, WHICH ACCOUNTED FOR THE HOSPITAL FEE PROGRAM PROGRAM SERVICE ACCOMPLISHMENTS CAMINO HEALTH CENTER IN FY 17, MISSION HOSPITAL CONTRIBUTED OVER \$1 MILLION DOLLARS TO SUPPORT THE EFFORTS OF CAMINO HEALTH CENTER MISSION HOSPITAL IS THE SOLE CORPORATE SPONSOR FOR THIS FEDERALLY QUALIFIED HEALTH CENTER, PROVIDING AFFORDABLE, QUALITY PRIMARY MEDICAL, BEHAVIORAL HEALTH, DENTAL CARE AND WIC NUTRITION SERVICES FOR THE LOW-INCOME POPULATION OF SOUTH ORANGE COUNTY THE CENTER ACCOMMODATES OVER 14,468 VISITS ANNUALLY AT ITS THREE FIXED CLINIC SITE LOCATIONS IN LAKE FOREST, SAN CLEMENTE, AND SAN JUAN CAPISTRANO THREE NEW SPECIALTY CARE SERVICES WERE ALSO ADDED IN FY17 TO THE HEALTH CENTERS SCOPE OF SERVICES NEPHROLOGY, NEUROLOGY, AND PULMONOLOGY CAMINO COMPLETED THE BUILDOUT OF THE NEW 10,000 SQUARE FOOT HEALTH CENTER LOCATION IN LAKE FOREST, COMPLETE WITH 16 EXAM ROOMS, FIVE DENTAL OPERATORIES, AND A WIC SUITE THIS LOCATION IS CO-LOCATED WITH MISSION HOSPITAL'S FAMILY RESOURCE CENTER AND CREATES WRAP-AROUND SERVICES FOR COMMUNITY MEMBERS FAMILY RESOURCE CENTERS (FRCS) MISSION HOSPITAL OPERATES TWO FAMILY RESOURCE CENTERS TO PROVIDE ACCESS TO SOCIAL SERVICES FOR COMMUNITY MEMBERS WITH LIMITED RESOURCES THESE CENTERS ARE LIFELINES FOR MANY PEOPLE IN THE COMMUNITY AND SERVE A MUCH-NEEDED LINKAGE TO COMMUNITY PROGRAMS ESTABLISHED IN 1996, THE SOUTH ORANGE COUNTY FAMILY RESOURCE CENTER (SOCFRC) IS LOCATED IN LAKE FOREST, CA OUR SECOND LOCATION IN SAN JUAN CAPISTRANO OPENED IN 2001 THE TWO FRCS PROVIDE MENTAL HEALTH SERVICES, HEALTH INSURANCE ACCESS, PARENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ING SUPPORT & EDUCATION, CHILDRENS CLASSES, FAMILY ADVOCACY, INFORMATION & RESOURCE SERVICES, PERSONAL EMPOWERMENT PROGRAMS, FINANCIAL COUNSELING, AND LIMITED EMERGENCY ASSISTANCE IN FY17, THE SOUTH ORANGE COUNTY FAMILY RESOURCE CENTER COMPLETED THE BUILD OF A NEW 20,000 SQUARE FOOT BUILDING THAT HOUSES BOTH THE FRC AND THE 3RD LOCATION FOR CAMINO HEALTH CENTER. THIS NEW, LARGER LOCATION ALSO ALLOWED THE TEAM TO BEGIN INCREASING ITS CAPACITY TO SERVE THE COMMUNITY DURING THE SECOND HALF OF FY17 AFTER THEY OFFICIALLY OPENED THEIR DOORS ON JANUARY 2, 2017. THE TEAM WAS ABLE TO INCREASE THE NUMBER OF UNIQUE CLIENTS SERVED BY 31.77%, FROM 1,240 BETWEEN JULY AND DECEMBER 2016 TO 1,634 BETWEEN JANUARY AND JUNE 2017. IN TOTAL, OVER 34,392 ENCOUNTERS OCCURRED THROUGH PROGRAMS AND ACTIVITIES CONDUCTED IN COLLABORATION WITH THE TWO FRCS. BOTH CENTERS CONTINUE AS DESIGNATED FRCS WITH THE FAMILIES AND COMMUNITIES TOGETHER (FACT) CONTRACT FROM THE COUNTY OF ORANGE, CHILDREN AND FAMILIES COMMISSION.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>MENTAL HEALTH INITIATIVE THROUGH AN INTEGRATED NETWORK OF CARE, MISSION HOSPITAL AIMS TO IMPROVE MENTAL HEALTH SERVICES FOR THE VULNERABLE POPULATION IN SOUTH ORANGE COUNTY THROUGH PREVENTION AND BY ENSURING ACCESS TO APPROPRIATE, QUALITY MENTAL HEALTH SERVICES. MISSION HOSPITAL IS WORKING TO IMPROVE THE MENTAL HEALTH OF THE MOST VULNERABLE MEMBERS OF SOUTH ORANGE COUNTY. IN FY17, MISSION HOSPITAL CONTINUED ITS STIGMA REDUCTION CAMPAIGN IN PARTNERSHIP WITH CALIFORNIA'S EACH MIND MATTERS MOVEMENT. THIS LOCALLY ACTIVATED CAMPAIGN, PROMISE TO TALK, INCLUDED OUTREACH, CLOSE COLLABORATION WITH COMMUNITY PARTNERS, VIDEO PUBLIC SERVICE ANNOUNCEMENTS, BUS ADVERTISING, ENGAGING BILINGUAL LITERATURE AND SOCIAL MEDIA. THE CAMPAIGN RESULTED IN 1,744 PROMISES TO TALK ABOUT MENTAL HEALTH, 7,937 ENCOUNTERS AND 17,035,959 IMPRESSIONS THROUGH SOCIAL MEDIA HITS, BOOTHS AT COMMUNITY EVENTS AND BUS ADVERTISING. IN ADDITION, COMMUNITY SURVEYING SHOWED THAT 60% OF THE TARGET POPULATION EXPERIENCES THE COMMUNITY AS GENERALLY CARING AND SYMPATHETIC (AN INCREASE FROM 48% IN FY16). FAITH LEADER BREAKFASTS WERE HOSTED TO INCREASE AWARENESS OF MENTAL HEALTH AND PROVIDE TOOLS TO EFFECTIVELY ADDRESS ISSUES FROM PARISHIONERS. 212 LEADERS WERE TRAINED IN FY17 FROM ALL FAITH COMMUNITIES. MISSION HOSPITAL COMPLETED ITS 3-YEAR PARTNERSHIP WITH WESTERN YOUTH SERVICES TO FULFILL THE CONTRACT WITH OC MENTAL HEALTH SERVICES AND PROVIDE OUTREACH AND EDUCATION REGARDING MENTAL HEALTH TO VULNERABLE RESIDENTS IN SOUTH ORANGE COUNTY. MISSION HOSPITAL MET ITS ANNUAL OBLIGATION AND PROVIDED STRONG SUPPORT TO O&amp;E PARTNERS TO MEET THE COLLABORATIVE GOALS. AT LEAST 20,000 PEOPLE HAVE RECEIVED INFORMATION ABOUT MENTAL HEALTH DUE TO THIS COMBINED OUTREACH EFFORT, INCLUDING 7,450 INTERVENTIONS, 854 WORKSHOPS, 5,765 REFERRALS AND 1,924 LINKAGES TO MENTAL HEALTH SERVICES. THE FAMILY RESOURCE CENTERS (FRCS) WERE ABLE TO INCREASE THE NUMBER OF CLIENTS SEEN FOR MENTAL HEALTH SERVICES TO 369 BY INCREASING STAFFING AND RECRUITING AND SUPPORTING INTERN THERAPISTS AND SOCIAL WORKERS. THE FRCS HOSTED TWELVE (12) MENTAL HEALTH INTERNS TO INCREASE CAPACITY OF CULTURALLY-APPROPRIATE MENTAL HEALTH SERVICES IN SOUTH ORANGE COUNTY. IN ADDITION, A CARE NAVIGATOR WAS HIRED FOR THE FRCS TO MEET THE EXPANDING NEEDS IN THE COMMUNITY FOR MENTAL HEALTH AND CASE MANAGEMENT SERVICES. THE INTERNS PROVIDED OVER 5,600 HOURS OF SERVICE TO OUR MOST VULNERABLE RESIDENTS. OUR PSYCHIATRIC PROGRAM THROUGH THE FRC CONTINUED TO FILL AN IDENTIFIED NEED FOR ACCESS TO PSYCHIATRIC SERVICES FOR PEOPLE WITHOUT HEALTH INSURANCE COVERAGE. SUBSTANCE ABUSE IS A SIGNIFICANT ISSUE IN SOUTH ORANGE COUNTY, PARTICULARLY AMONG YOUTH LIVING IN THE BEACH COMMUNITIES. EFFORTS HAVE BEEN MADE OVER THE LAST SEVEN YEARS TO LOWER RATES OF ALCOHOL USE AMONG TEENS THROUGH FACILITATION OF THE LAGUNA BEACH COMMUNITY COALITION AND WORKING STRATEGICALLY WITH THE LAGUNA BEACH UNIFIED SCHOOL DISTRICT. IN FY17, OVER 7,100 COMMUNITY MEMBERS RECEIVED EDUCATION ON S</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	UBSTANCE ABUSE THROUGH LIVE PRESENTATIONS OVER 3,824 STUDENTS PARTICIPATED IN EVENTS OVER THE YEAR. ADDITIONALLY, WE WERE SUCCESSFUL IN OUR ADVOCACY EFFORTS TO PREVENT MARIJUANA DISPENSARIES IN THE CITY OF LAGUNA BEACH, LIMITING YOUTH EXPOSURE TO ADVERTISEMENTS AND OTHER INDUSTRY TACTICS THAT REDUCE THE YOUTHS PERCEPTION OF HARM FROM MARIJUANA. FOR MORE INFORMATION ABOUT MISSION HOSPITAL, PLEASE VISIT <a href="http://WWW.MISSION4HEALTH.ORG">WWW.MISSION4HEALTH.ORG</a> . FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH SYSTEM AND PROVIDENCE ST. JOSEPH HEALTH, PLEASE VISIT <a href="http://WWW.STJHS.ORG">WWW.STJHS.ORG</a> AND <a href="http://WWW.PSJHEALTH.ORG/ABOUT-US">HTTP://WWW.PSJHEALTH.ORG/ABOUT-US</a> .

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IV, LINES 11F AND 12B & PART XII, LINE 2B	<p>MISSION HOSPITAL REGIONAL MEDICAL CENTER WAS INCLUDED IN CONSOLIDATED, INDEPENDENT AUDITED FINANCIAL STATEMENTS FOR PROVIDENCE ST JOSEPH HEALTH FOR THE PERIOD ENDED DECEMBER 31, 2017 AS SUCH, AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED FOR THE TAX YEAR ENDED JUNE 30, 2017 THE REPORTING ORGANIZATION WILL CHANGE ITS TAX YEAR END TO DECEMBER 31 FOR 2017 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 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</p>

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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 MARCH 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

**990 Schedule O, Supplemental Information**

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>

**990 Schedule O, Supplemental Information**

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. IT IS ST JOSEPH HEALTH SYSTEM'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW ST JOSEPH HEALTH SYSTEM ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. ST JOSEPH HEALTH SYSTEM HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE ST JOSEPH HEALTH SYSTEM MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF ST JOSEPH HEALTH SYSTEM'S LEGAL ENTITIES. ST JOSEPH HEALTH SYSTEM ALSO MAINTAINS A NETWORK OF COMMUNITY MINISTRY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. ST JOSEPH HEALTH SYSTEM HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HEALTH COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS, NONE OF WHOM IS A ST JOSEPH HEALTH SYSTEM EMPLOYEE. THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. ST JOSEPH HEALTH SYSTEM IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF ST JOSEPH HEALTH SYSTEM. ADDITIONALLY, ST JOSEPH HEALTH SYSTEMS LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY. BECAUSE OF THIS, ST JOSEPH HEALTH SYSTEM ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE. BASE SALARIES FOR ST JOSEPH HEALTH SYSTEM EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING ST JOSEPH HEALTH SYSTEM OP.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	ERATING COMMITMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH P ROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES THIS PROCESS WAS LAST COMPLETED IN SEPTEMBER 2016

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE CAPITAL CONTRIBUTION TO HERITAGE \$ 106,527,226 HOME HEALTH EQUITY TRANSFER \$ 5,015,360 NET ASSET TRANSFER TO ST JOSEPH HEALTH SYSTEM \$ 152,040,357 FOUNDATION OTHER ADJUSTMENT (\$ 6,441,704) INVESTMENT IN CSSC - EQUITY TRANSFER (\$ 14,667,929) INVESTMENT IN SUBSIDIARIES \$ 1,518,362 RECLASS TO PY UNRESTRICTED FUND (\$ 329,853,899) UNRESTRICTED DISTRIBUTIONS & DIVIDENDS \$ 180,711 TEMPORARY RESTRICTED NET ASSETS \$ 11,752,940 CY UNRESTRICTED EQUITY TRANSFERS \$ 9,305,946 DONATIONS \$ 3,975,290 GAMING (\$ 279,146) OTHER MISC RECONCILING ADJUSTMENTS (\$ 683,223) ----- TOTAL (\$ 61,609,709)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESS & MED PHYSICIAN FEES TOTAL FEES 21808897

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 1932862

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGISTRY/TEMPORARY LABOR TOTAL FEES 21533981

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 43614594

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BIOMEDICAL PURCHASED SERVICES TOTAL FEES 5524683

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PURCHASED SERVICES TOTAL FEES 5949710

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
MISSION HOSPITAL REGIONAL MEDICAL CENTER

Employer identification number  
95-1643360

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(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



**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.

See Additional Data Table

(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	

**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.

See Additional Data Table

(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

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	4,412,735	ACCRUAL
(2) ST JOSEPH HEALTH SYSTEM FOUNDATION	b	4,820,000	ACCRUAL
(3) ST JOSEPH HERITAGE HEALTHCARE	b	31,944,919	ACCRUAL
(4) ST JOSEPH HERITAGE HEALTHCARE	j	644,429	ACCRUAL
(5) ST JOSEPH HERITAGE HEALTHCARE	m	4,563,671	ACCRUAL
(6) ST JOSEPH HOSPITAL ORANGE	l	321,358	ACCRUAL

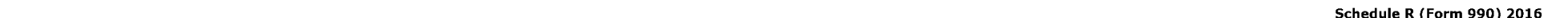
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III	<p>IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP ADVANCED SURGERY INSTITUTE, LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 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 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 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 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, STE 110, PETALUMA, CA 94954 SOUTHERN CALIFORNIA SURGERY CENTER, LLC EIN 33-0939000 ADDRESS 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92664 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128 ALPHA MEDICAL LABORATORY, LLC EIN 91-2017347 ADDRESS 611 N PERRY, SPOKANE, WA 99202 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY, MISSOULA, MT 59802 CALIFORNIA LABORATORY ASSOCIATES, LLC EIN 27-3888692 ADDRESS 501 BUENA VISTA, BURBANK, CA 91505 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES ROAD, PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST, BLDG II #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 GREATER VALLEY MEDICAL BUILDING, LP EIN 95-4570858 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 MINOR &amp; JAMES MEDICAL, PLLC EIN 91-1340223 ADDRESS 515 MINOR AVENUE #200, SEATTLE, WA 98104 MOUNTAINSTAR CLINICAL LABORATORIES, LLC EIN 26-1345983 ADDRESS 611 N PERRY, SPOKANE, WA 99202 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PACLAB, LLC EIN 91-1743952 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC EIN 27-0943279 ADDRESS 611 N PERRY, SPOKANE, WA 99202 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET, SEATTLE, WA 98104 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY #495, PORTLAND, OR 97213 PROVIDENCE IMAGING CENTER EIN 92-0118807 ADDRESS 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA STREET, BURBANK, CA 91505 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE STREET, MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS, LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SOUTHERN IDAHO REGIONAL LABORATORY, LLC EIN 82-0511819 ADDRESS 611 N PERRY, SPOKANE, WA 99202 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204 TRI-CITIES LABORATORY, LLC EIN 91-1773986 ADDRESS 611 N PERRY, SPOKANE, WA 99202 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW, AUBURN, WA 98001 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVENUE SW, #9016, RENTON, WA 98057 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVE, LUBBOCK, TX 79410 CALIFORNIA SPECIALTY SURGERY CENTER, LP EIN 33-0939003 ADDRESS 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691</p>



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
(1)  3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
(1)  3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(2)  3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3)  3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4)  3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5)  3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
(6)  1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
(7)  330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(8)  330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(9)  1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10)  3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
(11)  3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(12)  3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13)  1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14)  2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(15)  1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(16)  3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
(17)  3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(18)  1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19)  400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
(21)  3345 MICHELSON DRIVE IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
(1)  3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(2)  1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
(3)  2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(4)  1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(5)  200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(6)  101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(7)  18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(8)  4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(9)  3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(10)  480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
(11)  3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(12)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	Yes	
(13)  PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
(14)  15451 SAN FERNANDO MISSION BLVD 2 MISSION HILLS, CA 91345 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
(15)  1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(16)  2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(17)  601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
(18)  1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
(19)  401 TERRY AVE N SEATTLE, WA 98109 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	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
(41)  2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
(1)  888 SWIFT BLVD RICHLAND, WA 99352 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
(2)  888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501(C)(3)	12,I	KRMC	Yes	
(3)  1268 LEE BLVD RICHLAND, WA 99352 91-1266345	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(4)  888 SWIFT BLVD RICHLAND, WA 99352 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(5)  4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6)  5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(7)  747 BROADWAY SEATTLE, WA 98122 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
(8)  1200 12TH AVENUE S SEATTLE, WA 98144 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
(9)  501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(10)  3300 PROVIDENCE DR TOWER 2 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501(C)(3)	12,I	PHS WA	Yes	
(11)  540 SOUTH MAIN STREET MT ANGEL, OR 973629532 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(12)  1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(13)  830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(14)  1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15)  1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
(16)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(17)  4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
(19)  500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	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
(61)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
(1)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
(2)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
(3)  4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
(4)  101 W 8TH AVENUE SPOKANE, WA 99204 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(5)  914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(6)  4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
(7)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
(8)  811 13TH ST HOOD RIVER, OR 97031 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(9)  2731 WETMORE AVENUE STE 500 EVERETT, WA 98201 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(10)  425 PONTIUS AVENUE NORTH 300 SEATTLE, WA 980195452 91-2077378	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(11)  4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(12)  3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
(13)  4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
(14)  10150 SE 32ND MILWAUKIE, OR 97222 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(15)  4831 35TH AVENUE SW SEATTLE, WA 981262799 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(16)  1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(17)  7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18)  4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
(19)  4805 NE GLISAN STREET PORTLAND, OR 972132967 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	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
(81)  1700 PROVIDENCE PLACE CENTRALIA, WA 98531 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
(1)  2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(2)  20555 EARL ST TORRANCE, CA 90503 81-4542216	HEALTHCARE	CA	501(C)(3)	Pending	PHS SOCAL	Yes	
(3)  725 S WAHANNA RD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(4)  3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5)  3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(6)  1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	NA		No
(7)  PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
(8)  401 W POPLAR STREET WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(9)  413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(10)  9205 SW BARNES ROAD PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(11)  5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
(12)  5315 TORRANCE BLVD STE B1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
(13)  1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
(14)  2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
(15)  550 17TH AVENUE SEATTLE, WA 98122 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
(16)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		
(17)  350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(18)  500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
(19)  1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	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
(101)  21601 76TH AVENUE EDMONDS, WA 98026 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(1)  747 BROADWAY SEATTLE, WA 98122 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(2)  747 BROADWAY SEATTLE, WA 98122 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(3)  747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
(4)  312 NORTH FOURTH STREET YAKIMA, WA 98901 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(5)  540 23RD STREET OAKLAND, CA 94612 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
(6)  5520 NE GLISAN PORTLAND, OR 97213 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
(7)  1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
(8)  747 BROADWAY SEATTLE, WA 98122 45-4171900	SHELL CORP	WA	501(C)(3)	12,II	PHS W WA	Yes	
(9)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	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) Dispropportionate 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	
(1) ADVANCED SURGERY INSTITUTE LLC  1739 4TH STREET SANTA ROSA, CA 95404 26-2299255	HEALTHCARE	CA	NA	N/A								
(1) COVENANT LONG-TERM CARE LP  4000 24TH STREET LUBBOCK, TX 79410 20-5033419	HEALTHCARE	TX	NA	N/A								
(2) HERITAGE INVESTMENT GROUP I LLC  500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
(3) HOAG ORTHOPEDIC INSTITUTE  1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	NA	N/A								
(4) METHODIST DIAGNOSTIC IMAGING  4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
(5) NEWPORT IMAGING CENTER  360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								
(6) SHA LLC  12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
(7) ST JOSEPH PHYSICIAN VENTURES I LLC  1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
(8) NORTH BAY ENDOSCOPY CENTER  1383 N MCDOWELL BLVD SUITE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
(9) SOUTHERN CALIFORNIA SURGERY CENTER LLC  18321 VENTURA BLVD STE 740 TARZANA, CA 91356 33-0939000	HEALTHCARE	CA	MHRMC	RELATED	-102,606	14,386,513		No	0		No	56 780 %
(10) COASTAL ASC HOLDINGS LLC  ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92664 81-0986844	HEALTHCARE	CA	NA	N/A								
(11) ST JOSEPHSATELLITE DIALYSIS CENTERS  300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	NA	N/A								
(12) ALPHA MEDICAL LABORATORY LLC  611 N PERRY SPOKANE, WA 99202 91-2017347	OUTPATIENT LAB	ID	NA	N/A								
(13) BROADWAY IMAGING LLC  500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
(14) CALIFORNIA LABORATORY ASSOCIATES LLC  501 BUENA VISTA BURBANK, CA 91505 27-3888692	OUTPATIENT LAB	CA	NA	N/A								

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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CENTER FOR SPECIALTY SURGERY LLC  11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	NA	N/A								
(1) CLACKAMAS RADIATION ONCOLOGY CENTER LLC  4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
(2) CTR FOR MED IMAGING- BRIDGEPORT LLC  4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	NA	N/A								
(3) CTR FOR MED IMAGING- TANASBOURNE LLC  4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	NA	N/A								
(4) GREATER VALLEY MEDICAL BUILDING LP  501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
(5) MINOR & JAMES MEDICAL PLLC  515 MINOR AVENUE 200 SEATTLE, WA 98104 91-1340223	PHYSICIAN CLINIC	WA	NA	N/A								
(6) MOUNTAINSTAR CLINICAL LABORATORIES LLC  611 N PERRY SPOKANE, WA 99202 26-1345983	OUTPATIENT LAB	MT	NA	N/A								
(7) OREGON ADVANCED IMAGING LLC  881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
(8) OREGON OUTPATIENT SURGERY CENTER  7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
(9) PACLAB LLC  611 N PERRY SPOKANE SPOKANE, WA 99202 91-1743952	OUTPATIENT LAB	WA	NA	N/A								
(10) PATHOLOGY ASSOCIATES MEDICAL LABORATORIE  611 N PERRY SPOKANE SPOKANE, WA 99202 27-0943279	OUTPATIENT LAB	WA	NA	N/A								
(11) PETCT IMAGING AT SWEDISH CANCER INSTITU  1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
(12) PORTLAND MEDICAL IMAGING LLC  4400 NE HALSEY PORTLAND, OR 97213 20-1054971	IMAGING DIAGNOSTI	OR	NA	N/A								
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN  4400 NE HALSEY PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
(14) PROVIDENCE IMAGING CENTER  3340 PROVIDENCE DRIVE ANCHORAGE, AK 99508 92-0118807	MEDICAL IMAGING	AK	NA	N/A								

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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) PROVIDENCE PARTNERS FOR HEALTH LLC  501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	NA	N/A								
(1) PROVIDENCE SURGERY CENTER LLC  902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
(2) PROVIDENCESILVERTON REHAB LLC  4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
(3) PROVIDENCEUSP SANTA CLARITA GP LLC  11550 INDIAN HILLS ROAD MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	NA	N/A								
(4) PROVIDENCEUSP SURGERY CTRS LLC  11550 INDIAN HILLS ROAD MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
(5) SOUTHERN IDAHO REGIONAL LABORATORY LLC  611 N PERRY SPOKANE SPOKANE, WA 99202 82-0511819	OUTPATIENT LAB	ID	NA	N/A								
(6) THE MADISON SPOKANE INN LLC  15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								
(7) TRI-CITIES LABORATORY LLC  611 N PERRY SPOKANE, WA 99202 91-1773986	OUTPATIENT LAB	WA	NA	N/A								
(8) HCSA PROPERTIES LLC  1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	NA	N/A								
(9) PHS INVESTMENT TRUST HEDGE FUND PORTFOLI  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2293255	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST BANK LOANS PORTFOLI  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2357735	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRANSITION PORTFOLIO  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2279711	INVESTMENTS	WA	NA	N/A								
(12) PHS INVESTMENT TRUST RISK PARITY PORTFOL  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2336377	INVESTMENTS	WA	NA	N/A								
(13) PHS INVESTMENT TRUST LONG TREASURIES POR  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2385238	INVESTMENTS	WA	NA	N/A								
(14) PHS INVESTMENT TRUST MLP PORTFOLIO  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2367538	INVESTMENTS	WA	NA	N/A								

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	
(46) PHS INVESTMENT TRUST RELATIVE VALUE PORT  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2314743	INVESTMENTS	WA	NA	N/A								
(1) PHS INVESTMENT TRUST TIPS PORTFOLIO  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2402609	INVESTMENTS	WA	NA	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQUITY PORTF  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2283974	INVESTMENTS	WA	NA	N/A								
(3) PHS INVESTMENT TRUST LDI PORTFOLIO  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2392060	INVESTMENTS	WA	NA	N/A								
(4) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOL  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2353569	INVESTMENTS	WA	NA	N/A								
(5) PHS INVESTMENT TRUST TACTICAL TRADING PO  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2327491	INVESTMENTS	WA	NA	N/A								
(6) PHS INVESTMENT TRUST COMMODITIES PORTFOL  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-2269004	INVESTMENTS	WA	NA	N/A								
(7) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS  1801 Lind Avenue SW No 9016 Renton, WA 98057 47-3393740	INVESTMENTS	WA	NA	N/A								
(8) PHS INVESTMENT TRUST SHORT TERM INVESTME  1801 Lind Avenue SW No 9016 Renton, WA 98057 81-2701056	INVESTMENTS	WA	NA	N/A								
(9) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS  1801 Lind Avenue SW No 9016 Renton, WA 98057 81-1532735	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST 2016 PRIVATE REAL E  1801 Lind Avenue SW No 9016 Renton, WA 98057 81-2960145	INVESTMENTS	WA	NA	N/A								
(11) LSC REAL PROPERTY LLC  2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
(12) CALIFORNIA SPECIALTY SURGERY CENTER LP  26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691 33-0939003	HEALTHCARE	CA	MHRMC	RELATED	106,291	8,650,580		No	0		No	55 830 %

**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					
(1) COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(2) DATU HEALTH INC AND SUBSIDIARIES 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 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	MHRMC	C-CORP			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 ENTERPRSES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(10) OPHIE HEALTHCARE SERVICES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1002825	HEALTHCARE	CA	NA	C-CORP					
(11) PROVIDENCE HEALTH VENTURES INC 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA	NA	C-CORP					
(12) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(13) PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(14) PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	CLIN/MED LAB	WA	NA	C-CORP					



**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
(16) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					
(1) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(2) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(3) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654	INVESTMENTS	WA	NA	C-CORP					
(4) PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					
(5) PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(6) PIONEER INNOVATIONS INC 800 5TH AVE 10TH FLOOR SEATTLE, WA 98104 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(7) VINSERRA INC 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315	INVESTMENTS	CA	NA	C-CORP					

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(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	4,412,735	ACCRUAL
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	b	4,820,000	ACCRUAL
(2) ST JOSEPH HERITAGE HEALTHCARE	b	31,944,919	ACCRUAL
(3) ST JOSEPH HERITAGE HEALTHCARE	j	644,429	ACCRUAL
(4) ST JOSEPH HERITAGE HEALTHCARE	m	4,563,671	ACCRUAL
(5) ST JOSEPH HOSPITAL ORANGE	l	321,358	ACCRUAL