

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
MARTIN LUTHER KING JR-LOS ANGELES HEALTHCARE CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1680 E 120TH STREET

City or town, state or province, country, and ZIP or foreign postal code  
LOS ANGELES, CA 90059

**D** Employer identification number  
27-4658935

**E** Telephone number  
(424) 338-8000

**F** Name and address of principal officer:  
DR ELAINE BATCHLOR  
1680 E 120TH STREET  
LOS ANGELES, CA 90059

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

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

**J** Website: WWW.MLKCH.ORG

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2010 **M** State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO ORGANIZE AND OPERATE A GENERAL ACUTE CARE HOSPITAL TO PROVIDE HIGH QUALITY HOSPITAL INPATIENT, OUTPATIENT, EMERGENCY, AND ADDITIONAL HEALTH CARE SERVICES TO MEET THE NEEDS OF THE SOUTH LOS ANGELES COMMUNITY, WHICH INCLUDES INDIGENT, MEDI-CAL, MEDI-CAL MANAGED CARE, AND UNDERSERVED POPULATIONS (AMONG OTHERS); AND TO CONTRACT WITH PUBLIC AND PRIVATE ENTITIES PROVIDING MANAGED CARE PROGRAMS FOR MEDI-CAL BENEFICIARIES IN LOS ANGELES COUNTY, PARTICULARLY SOUTH LOS ANGELES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	8
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,822
<b>6</b> Total number of volunteers (estimate if necessary)	9
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	18,838,398	44,487,751
<b>9</b> Program service revenue (Part VIII, line 2g)	304,203,626	296,281,392
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,941,676	1,251,976
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,883,261	2,117,828
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326,866,961	344,138,947

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,959,858	1,976,327
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	129,160,132	137,959,424
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	182,404,595	188,848,763
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	316,524,585	328,784,514
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,342,376	15,354,433

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	484,191,904	518,912,922
<b>21</b> Total liabilities (Part X, line 26)	391,937,226	409,757,000
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	92,254,678	109,155,922

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2021-05-11

MITCHELL T THOMAS CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date 2021-05-11	Check <input type="checkbox"/> if self-employed	PTIN P00545829
Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318			
Firm's address ▶ 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024	Phone no. (310) 477-0450			

**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:

TO PROVIDE COMPASSIONATE, COLLABORATIVE, QUALITY CARE AND IMPROVE THE HEALTH OF OUR COMMUNITY.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 302,428,003 including grants of \$ 1,976,327 ) (Revenue \$ 296,281,392 )  
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 ▶ 302,428,003

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

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

		Yes	No
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		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. . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	



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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: MITCHELL THOMAS CFO 1680 E 120TH STREET LOS ANGELES, CA 90059 (424) 338-8717

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR ELAINE BATCHLOR CHIEF EXECUTIVE OFFICER	40.00 2.00			X				735,961	0	29,983
(2) JOHN FISHER MD CHIEF MEDICAL OFFICER	40.00 3.00			X				580,844	0	28,157
(3) SUZIE REINSVOLD MSN BSN CHIEF OPERATING/NURSING OFFICER	40.00 0.00			X				497,810	0	39,487
(4) MITCHELL T THOMAS CHIEF FINANCIAL OFFICER	40.00 0.00			X				431,867	0	44,495
(5) DYAN SUBLETT PRESIDENT MLK CHF	0.00 40.00					X		435,835	0	36,418
(6) JORGE REYNO JR VP POPULATION HEALTH	40.00 0.00			X				413,854	0	42,295
(7) BRUCE POLLACK SR. VP STRATEGIC PLANNING	40.00 0.00			X				407,252	0	26,159
(8) SUSAN SMITH-BURROWS SR. VP HUMAN RESOURCES	40.00 0.00			X				339,543	0	39,578
(9) TRACY DONEGAN CHIEF INFORMATION INNOVATION OFFICER	40.00 0.00			X				328,718	0	26,208
(10) JOYCE VOLSCH ASSISTANT CNO/VP PATIENT SERVICES	40.00 0.00			X				310,554	0	27,176
(11) MARIA DE LEON VP OF QUALITY	40.00 0.00			X				286,810	0	42,896
(12) JONATHAN WESTALL VP ANCILLARY SERVICES	40.00 0.00			X				267,142	0	43,583
(13) FLORENCE SEKIKWA RN 3	36.00 0.00					X		264,057	0	12,087
(14) ALAINE SCHAUER DIR. SR. OF ED AND ICU	40.00 0.00					X		237,897	0	17,028
(15) KEITH WOLFE DIRECTOR OF MANAGED CARE CONTRACTS	40.00 0.00					X		220,970	0	9,773
(16) MOJISOLA PEREGRINO RN 3	36.00 0.00					X		219,766	0	9,311
(17) KITAE PARK VP OF MEDICAL AFFAIRS	40.00 0.00			X				150,571	0	13,930

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANUAL A ABASCAL JD CHAIR	6.00 8.00	X						0	0	0
(19) PAUL KING VICE CHAIR	3.00 5.00	X						0	0	0
(20) MICHAEL MADDEN SECRETARY	3.00 3.00	X						0	0	0
(21) JAMES YOSHIOKA TREASURER	3.00 3.00	X						0	0	0
(22) GEORGINA R GARCIA RN BOARD MEMBER	3.00 3.00	X						0	0	0
(23) ROBERT MARGOLIS MD BOARD MEMBER	3.00 3.00	X						0	0	0
(24) IAN MORRISON BOARD MEMBER	3.00 3.00	X						0	0	0
(25) CYNTHIA PATTON BOARD MEMBER	3.00 3.00	X						0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							6,129,451	0		488,564

**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 ▶ 346

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARTIN LUTHER KING JR COMMUNITY MEDICAL 2251 ROSECRANS AVE STE 18-21 COMPTON, CA 90222	MEDICAL PHYSICIAN SERVICES	11,920,833
CYMETRIX CORPORATION 2875 MICHELLE DRIVE SUITE 250 IRVINE, CA 92606	BILLING/REVENUE	10,038,780
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	IT/PURCHASED SERVICES	8,146,523
CARDINAL HEALTH PHARMACY SVC 7000 CARDINAL PL DUBLIN, OH 43017	PHARMACISTS / SUPPLIES	7,568,955
MEDLINE INDUSTRIES ONE MEDLINE PL MUNDELIN, IL 60060	MEDICAL SUPPLIES	7,241,509

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 188



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	7,574,172				
	<b>e</b> Government grants (contributions)	<b>1e</b>	36,904,824				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,755				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			44,487,751			
<b>Program Service Revenue</b>	<b>2a</b> SUPPLEMENTAL FUNDING	Business Code					
		622110	156,336,635	156,336,635			
	<b>b</b> NET PATIENT SERVICE REVENUE	622110	139,449,199	139,449,199			
	<b>c</b> PROGRAM REVENUE FROM MLKCMG	561000	495,237	495,237			
	<b>d</b> EHR INCENTIVE PAYMENTS	900099	321	321			
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		296,281,392					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,251,004			2,251,004	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>				
				(ii) Personal			
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	7,651,683			
				(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	8,432,171	218,540		
		<b>c</b> Gain or (loss)	<b>7c</b>	-780,488	-218,540		
	<b>d</b> Net gain or (loss) . . . . .			-999,028		-999,028	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>			
			<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b> Less: direct expenses . . . . .			<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code						
<b>11a</b> CAFETERIA REVENUE	722514	1,543,909			1,543,909		
<b>b</b> ALL OTHER REVENUE	900099	573,919			573,919		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,117,828				
<b>12 Total revenue.</b> See instructions . . . . .			344,138,947	296,281,392	0	3,369,804	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,976,327	1,976,327		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,257,934	2,965,893	2,292,041	
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	97,807,649	92,636,192	5,171,457	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,603,867	2,518,551	85,316	
<b>9</b> Other employee benefits . . . . .	24,117,435	23,283,223	834,212	
<b>10</b> Payroll taxes . . . . .	8,172,539	7,923,874	248,665	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,882,270	2,743,818	138,452	
<b>c</b> Accounting . . . . .	577,444	545,246	32,198	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,619,190	85,912,486	6,706,704	
<b>12</b> Advertising and promotion . . . . .	55,164	55,164		
<b>13</b> Office expenses . . . . .	556,382	441,983	114,399	
<b>14</b> Information technology . . . . .	14,006,578	10,231,703	3,774,875	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,028,621	2,496,725	531,896	
<b>17</b> Travel . . . . .	78,636	61,747	16,889	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	16,642,227	14,978,004	1,664,223	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,634,676	17,298,028	2,336,648	
<b>23</b> Insurance . . . . .	1,536,843	1,388,570	148,273	
<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	16,598,420	16,567,171	31,249	
<b>b</b> HOSPITAL TAX FEE	7,782,253	7,004,028	778,225	
<b>c</b> MED. SOFTWARE LICENSES	6,515,985	5,352,474	1,163,511	
<b>d</b>				
<b>e</b> All other expenses	6,334,074	6,046,796	287,278	
<b>25</b> Total functional expenses. Add lines 1 through 24e	328,784,514	302,428,003	26,356,511	0
<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).				

**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 . . . . .	25,463,137	<b>1</b>	17,591,433
	<b>2</b> Savings and temporary cash investments . . . . .	39,946,166	<b>2</b>	52,669,808
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	40,943,258	<b>4</b>	19,785,874
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	568,988	<b>7</b>	381,176
	<b>8</b> Inventories for sale or use . . . . .	2,300,153	<b>8</b>	2,314,872
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,959,086	<b>9</b>	9,924,425
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	394,285,098		
	<b>b</b> Less: accumulated depreciation	93,361,200		
	<b>11</b> Investments—publicly traded securities . . . . .	39,302,384	<b>11</b>	41,126,215
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	41,667,045	<b>15</b>	74,195,221
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	484,191,904	<b>16</b>	518,912,922	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	38,265,328	<b>17</b>	47,228,326
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	196,223
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	85,922,758	<b>23</b>	84,137,044
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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	267,749,140	<b>25</b>	278,195,407
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	391,937,226	<b>26</b>	409,757,000
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	89,473,880	<b>27</b>	107,225,986
	<b>28</b> Net assets with donor restrictions . . . . .	2,780,798	<b>28</b>	1,929,936
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	92,254,678	<b>32</b>	109,155,922	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	484,191,904	<b>33</b>	518,912,922	

**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>	344,138,947
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	328,784,514
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,354,433
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	92,254,678
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,546,811
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<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>	109,155,922

**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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<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.	Yes	
<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?		No
<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.		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-4658935

**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

Form 990 (2019)

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### Form 990, Part III, Line 4a:

MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL (MLKCH) IS A COMPLETELY NEW FACILITY REPLACING A PRIOR COUNTY FACILITY THAT WAS CLOSED DUE TO QUALITY OF CARE ISSUES IN 2007. MLKCH IS A UNIQUE PRIVATE-PUBLIC PARTNERSHIP. AS A PRIVATE, NON-PROFIT FREESTANDING 501(C)(3) CORPORATION, MLKCH LEASES A COMPLETELY NEW \$280 MILLION HOSPITAL FACILITY FROM THE COUNTY OF LOS ANGELES. MLKCH WAS LICENSED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ON APRIL 28, 2015 AND OPENED TO PATIENT CARE ON MAY 14, 2015. AFTER INITIAL LICENSING, MLKCH PASSED THROUGH THE FOLLOWING MILESTONES AS IT BECAME FULLY OPERATIONAL:- ACCREDITED BY THE JOINT COMMISSION ON JUNE 30, 2015- OPENED ITS EMERGENCY DEPARTMENT ON JULY 7, 2015- BEGAN ACCEPTING RESCUE AMBULANCES ON AUGUST 11, 2015- STAGED A PHASED OPENING OF ITS INPATIENT FACILITIES SO THAT ALL INPATIENT BEDS WERE OPENED AND STAFFED BY DECEMBER 2015.SINCE THEN, HOSPITAL HAS CREDENTIALLED ALMOST 400 PHYSICIANS AND HIRED OVER 2,000 EMPLOYEES AND CONTRACTORS TO MEET THE EXPECTED VOLUME OF PATIENTS. MLKCH'S SERVICE AREA IS ONE OF THE POOREST IN METROPOLITAN LOS ANGELES AND SUFFERS FROM A SEVERE SHORTAGE OF PHYSICIANS. AS A RESULT, EMERGENCY DEPARTMENT VOLUME HAS CONSISTENTLY EXCEEDED PROJECTIONS.IN JANUARY 2020, THE HOSPITAL COMPLETED THE CONSTRUCTION A 50,000 SQ. FT. MEDICAL OFFICE BUILDING, A TWO STORY BUILDING ADJACENT TO THE HOSPITAL. THE HOSPITAL WILL BE EXPANDING OUTPATIENT SERVICES TO INCLUDE WOUND CARE AND AMBULATORY SURGERY CENTER.ON MARCH 13, 2020 THE GOVERNMENT DECLARED A NATIONAL STATE OF EMERGENCY IN RESPONSE TO COVID 19 PANDEMIC. MLKCH RESPONDED BY PROVIDING CARE TO HUNDREDS OF COVID19 PATIENTS. IN THE FISCAL YEAR ENDED JUNE 30, 2020, MLKCH SERVED ITS COMMUNITY BY PROVIDING 8,294 ADMISSION, 37,198 INPATIENT DAYS, 644 DELIVERIES, 95,293 OUTPATIENT EMERGENCY VISITS, AND 6,907 OUTPATIENT OBSERVATION VISITS.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

**Employer identification number**  
27-4658935

**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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</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—2018.</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—2019.</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—2018.</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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<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>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 Part VI when and how the organization made the determination.</i>		
<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 Part VI what controls the organization put in place to ensure such use.</i>		
<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>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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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 Part VI.</i>		
<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>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>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 Part VI.</i>		
<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 Part VI.</i>		
<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 Part VI.</i>		
<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>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>		

**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>		

**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>		

**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>		

**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>		

**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 ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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>	Yes	No
<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>		

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>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</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			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</b>	<b>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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-4658935

**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

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

**Facts And Circumstances Test**

**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.**  
**▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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**2019**  
**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 MARTIN LUTHER KING JR-LOS ANGELES HEALTHCARE CORPORATION	Employer identification number 27-4658935
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**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	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		121,514
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		20,988
<b>j</b>	Total. Add lines 1c through 1i .....			142,502
<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>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
PART II-B, LINE 1:	CAPITOL ADVOCACY IS RECOGNIZED AS A LEADER IN THE HEALTH CARE POLICY SPACE AND HAS HELPED MANY CLIENTS IN THE HEALTHCARE INDUSTRY ACHIEVE THEIR OBJECTIVES, INCLUDING FACILITIES, PROVIDERS, PHARMACIES, AND DRUG AND DEVICE MANUFACTURERS. OUR WORK INCLUDES ENGAGING IN THE LEGISLATIVE PROCESS, THE REGULATORY PROCESS AND ADMINISTRATIVE ADVOCACY. THE ORGANIZATION IS ALSO A MEMBER OF HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA; A PORTION OF THE DUES PAID TO THIS ORGANIZATION ARE INDICATED AS LOBBYING EXPENDITURES FOR HEALTHCARE RELATED INITIATIVES.



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

**Employer identification number**  
27-4658935

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		321,848		321,848
<b>b</b> Buildings . . . . .		234,231,004	30,982,631	203,248,373
<b>c</b> Leasehold improvements		32,365,668	5,486,151	26,879,517
<b>d</b> Equipment . . . . .		53,264,905	30,643,664	22,621,241
<b>e</b> Other . . . . .		74,101,673	26,248,754	47,852,919
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				300,923,898

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) DUE FROM MLKCHF - NMTC FINANCING	28,576,725
(2) DUE FROM MLK HEALTH ASSOCIATES	45,044
(3) NOTE RECEIVABLE FROM MLKCMG	300,000
(4) HOSPITAL FEE PROGRAM RECEIVABLE	33,086,177
(5) ACCRUED INTEREST RECEIVABLE	26,836
(6) ASSET FEES	42,105
(7) OTHER RECEIVABLES	11,749,893
(8) PHYSICIANS SALARY GUARANTEES	368,441
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	74,195,221

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST ON COUNTY LEASE	30,765,705
(3) CAPITAL LEASE OBLIGATIONS	232,712,097
(4) PROFESSIONAL LIABILITY INSURANCE	1,043,598
(5) DEFERRED PHYSICIAN COMPENSATION	373,629
(6) ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	11,981,382
(7) DUE TO MLKCMF	1,318,996
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	278,195,407

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:** 27-4658935

**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COMPANY RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED UPON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT. THERE WERE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 OR 2019. THE COMPANY IS SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR ALL YEARS SINCE INCEPTION FOR FEDERAL AND STATE TAX FILINGS.

**SCHEDULE H  
(Form 990)**  
  
Department of the  
Treasury  
Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
Open to Public  
Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

**Employer identification number**  
27-4658935

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>45000.0000000000</u> %	<b>3b</b>	Yes	
<b>c</b> 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.			
<b>4</b> 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"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>		No
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>		
<b>c</b> 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? . . . . .	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			42,097,874		42,097,874	12.800 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			42,097,874		42,097,874	12.800 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			4,636,163		4,636,163	1.410 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			34,318,742	22,584,463	11,734,279	3.570 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			0	144,865	0	0 %
<b>j Total.</b> Other Benefits . . . . .			38,954,905	22,729,328	16,370,442	4.980 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			81,052,779	22,729,328	58,468,316	17.780 %

**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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			8,651		8,651	0 %
7 Community health improvement advocacy			10,797		10,797	0 %
8 Workforce development		460	316		316	0 %
9 Other			50,477		50,477	0.020 %
<b>10 Total</b>		460	70,241		70,241	0.020 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,594,112
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	38,992,879
6	Enter Medicare allowable costs of care relating to payments on line 5	6	50,742,777
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,749,898
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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



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

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

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

1

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

See Additional Data Table	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

**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)  
 MARTIN LUTHER KING JR COMMUNITY HOSPIT

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<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? . . . . .		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. . . . .		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):	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 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>19</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 . . . . .	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 . . . . .		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. . . . .	Yes	
<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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MLKCH.ORG/COMMUNITY-REPORTS</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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>WWW.MLKCH.ORG/COMMUNITY-REPORTS</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<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)**

MARTIN LUTHER KING JR COMMUNITY HOSPIT

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 <u>300.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input 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 checked="" 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): <u>HTTPS://WWW.MLKCH.ORG/HOSPITAL-BILLS</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.MLKCH.ORG/HOSPITAL-BILLS</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.MLKCH.ORG/HOSPITAL-BILLS</u>		
<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 type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

MARTIN LUTHER KING JR COMMUNITY HOSPIT

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 nonpayment? . . . . .	17	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? . . . . . 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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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? . . . . . 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)	21	Yes
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**Part V Facility Information** *(continued)*

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

MARTIN LUTHER KING JR COMMUNITY HOSPIT

**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>23</b>		No
<b>24</b>		No



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
<b>1</b> 1 - MLK JR COMMUNITY MEDICAL FOUNDATION 2251 W ROSECRANS AVE SUITE 18-21 COMPTON, CA 90222	AMBULATORY MEDICAL CLINIC
<b>2</b> 2 - MLK JR COMMUNITY MEDICAL FOUNDATION 135 E COMPTON BLVD COMPTON, CA 90222	AMBULATORY MEDICAL CLINIC
<b>3</b> 3 - MLK JR COMMUNITY MEDICAL FOUNDATION 12021 WILMINGTON AVE LOS ANGELES, CA 90623	AMBULATORY MEDICAL CLINIC
<b>4</b>	
<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
PART I, LINE 7:	THE COST ACCOUNTING SYSTEM USED ADDRESSES ALL PATIENT SEGMENTS INPATIENT, OBSERVATION, AND ANCILLARY SERVICES. THE INPATIENT COST WAS CALCULATED BASED ON THE PER DIEM RATE BY FACILITY LOCATION (I.E. ICU, NURSERY). THE ANCILLARY SERVICES WERE CALCULATED BASED ON A COST OF CARE RATE.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G:	DUE TO THE DEMOGRAPHICS AND PAYOR MIX OF THE HOSPITAL SERVICE AREA, COMBINED WITH THE SEVERE PHYSICIAN SHORTAGE IN THE HOSPITAL'S SERVICE AREA, MLKCH'S EMERGENCY DEPARTMENT OPERATES AT A SIGNIFICANT LOSS; DIRECT OPERATING COSTS ARE MUCH HIGHER THAN REVENUE RECEIVED FROM THESE SERVICES. AS SUCH, THE ENTIRE EMERGENCY DEPARTMENT IS REFLECTED AS A SUBSIDIZED HEALTH SERVICE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>COMMUNITY BENEFIT SERVICES INCLUDE MLKCH EXPERTISE AND RESOURCES DEVOTED TO STRENGTHENING AND BUILDING OUR COMMUNITY. HOSPITAL LEADERS SERVE ON LOCAL, REGIONAL, AND STATE-LEVEL BOARDS, PARTICIPATING IN DECISIONS THAT ADDRESS HEALTH IMPROVEMENT AND SUPPORT HEALTH POLICY THAT WILL BENEFIT OUR COMMUNITY. KNOW YOUR BASICS, OUR SIGNATURE COMMUNITY HEALTH PROGRAM OFFERS SCREENINGS, HEALTH EDUCATION RESOURCE REFERRALS AND PEER SUPPORT TO RESIDENTS THROUGHOUT SOUTH LOS ANGELES. KNOW YOUR BASICS REACHES COMMUNITY MEMBERS WHERE THEY LIVE IN THEIR EVERYDAY LIVES - SHOPPING MALLS, FARMERS' MARKETS, AND COMMUNITY HEALTH FAIRS. DURING THIS PAST YEAR, WE REACHED OVER 285,000 COMMUNITY MEMBERS WITH HEALTH EDUCATION PARTNERED WITH 30 ORGANIZATIONS IN COMMUNITY EVENTS AND DELIVERED 1,506 HEALTH SCREENINGS. HOMELESSNESS CONTINUES TO BE A KEY FOCUS AREA FOR THE HOSPITAL'S WORK. THE NUMBER OF HOMELESS PEOPLE IN OUR COMMUNITY IS SIGNIFICANT, AND HEALTH DISPARITIES AMONG THIS GROUP CONTINUE TO GROW. MANY HOMELESS REPEATEDLY RETURN TO OUR EMERGENCY DEPARTMENT SEEKING A SAFE PLACE TO CONNECT TO THE PROGRAMS AND SERVICES THEY NEED TO MANAGE THEIR CONDITIONS. IN RESPONSE, WE ENHANCED OUR CARE COORDINATION SERVICES AND EXPANDED OUR NETWORK OF EXTERNAL PARTNERS TO GIVE HOMELESS PATIENTS MORE PLACEMENT OPTION. WE HAVE DEDICATE HOMELESS SERVICES LIASONS AND COMMUNITY HEALTH WORKERS TO HELP OUR PATIENTS NAVIGATE RESOURCES CRITICAL TO THEIR HEALTH. AS PART OF OUR COMMUNITY BENEFIT PLAN WE CONTRIBUTE TO THE COST OF RECUPERATIVE CARE FOR UNINSURED AND UNDERINSURED PATIENTS AND PARTICIPATE IN ESTABLISHED TRANSITIONAL HOUSING PARTNERSHIPS, INCLUDING THE LOCAL HOMELESS COALITION AND THE HOMELESS OUTREACH PROGRAM INTEGRATED CARE SYSTEM.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	ALL SELF-PAY ACCOUNTS, INCLUDING THOSE WRITTEN OFF TO BAD DEBT ARE DISCOUNTED TO THE HOSPITAL'S APPROXIMATE COST USING A COST-TO-CHARGE RATIO OF APPROXIMATELY 81% (I.E. APPROXIMATE COST EQUALS 19% OF CHARGES).

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4:	THE ORGANIZATION'S FINANCIAL STATEMENTS DOES NOT HAVE A SEPARATE FOOTNOTE WHICH DESCRIBES BAD DEBT EXPENSE. HOWEVER, PAGE 12 OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, WHICH IS ATTACHED TO THIS RETURN, INCLUDES A FOOTNOTE RELATED TO ALLOWANCE FOR DOUBTFUL ACCOUNTS.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	NONE OF THE SHORTFALL LISTED ON PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>MLKCH'S MANAGEMENT HAS DEVELOPED POLICIES AND PROCEDURES FOR INTERNAL AND EXTERNAL COLLECTION PRACTICES (INCLUDING ACTIONS THE HOSPITAL MAY TAKE IN THE EVENT OF NON-PAYMENT, INCLUDING COLLECTIONS ACTION AND REPORTING TO CREDIT AGENCIES) THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR CHARITY, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR CHARITY FROM MLKCH, AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS WITH MLKCH. FOR PATIENTS WHO QUALIFY FOR CHARITY AND WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DISCOUNTED HOSPITAL BILLS, MLKCH MAY OFFER EXTENDED PAYMENT PLANS, WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES, AND WILL CEASE COLLECTION EFFORTS. MLKCH WILL NOT IMPOSE EXTRAORDINARY COLLECTIONS ACTIONS SUCH AS WAGE GARNISHMENTS, LIENS ON PRIMARY RESIDENCES, OR OTHER LEGAL ACTIONS FOR ANY PATIENT WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT IS ELIGIBLE FOR CHARITY CARE UNDER THIS FINANCIAL ASSISTANCE POLICY. REASONABLE EFFORTS WILL INCLUDE: 1. VALIDATING THAT THE PATIENT OWES THE UNPAID BILLS AND THAT SOURCES OF THIRD-PARTY PAYMENT HAVE BEEN IDENTIFIED AND BILLED BY THE HOSPITAL; 2. DOCUMENTATION THAT MLKCH HAS OR HAS ATTEMPTED TO OFFER THE PATIENT THE OPPORTUNITY TO APPLY FOR CHARITY CARE PURSUANT TO THIS POLICY AND THAT THE PATIENT HAS NOT COMPLIED WITH THE HOSPITAL'S APPLICATION REQUIREMENTS; 3. DOCUMENTATION THAT THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE ON A PRESUMPTIVE BASIS; 4. DOCUMENTATION THAT THE PATIENT HAS BEEN OFFERED A PAYMENT PLAN BUT HAS NOT HONORED THE TERMS OF THAT PLAN.</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>THE CHNA INCLUDES QUALITATIVE AND QUANTITATIVE MARKET RESEARCH, AS WELL AS USING EXTERNAL DATA SOURCES. IN ADDITION TO THE CHNA, THE ORGANIZATION PREPARES AN IMPLEMENTATION STRATEGY TO PRIORITIZE THE NEEDS OF THE COMMUNITY INFORMED BY THE CHNA FINDINGS. AN ANNUAL COMMUNITY BENEFIT REPORT AND PLAN IS ALSO PREPARED, WHICH TRACKS ANNUAL PROGRESS ON THE ACTIVITIES AND SERVICES MLKCH DOES TO ADDRESS HEALTH CARE NEEDS OF THE COMMUNITY. IN FY2020, MLKCH CONTINUED TO EXPAND ACCESS TO QUALITY CARE AND HEALTH EDUCATION THROUGHOUT OUR SOUTH LOS ANGELES COMMUNITY. PROGRAMS WERE IMPLEMENTED OR EXPANDED TO ADDRESS NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT. USING THE FRAMEWORK DEVELOPED IN THE IMPLEMENTATION STRATEGY, SERVICES FOR COMMUNITY HEALTH IMPROVEMENT EXTENDED ACROSS FOUR KEY CATEGORIES: 1. ACCESS TO PREVENTIVE, PRIMARY, AND SPECIALTY HEALTHCARE 2. MATERNAL AND INFANT HEALTH 3. MANAGEMENT OF CHRONIC HEALTH CONDITIONS 4. SOCIAL DETERMINANTS OF HEALTH SOME HIGHLIGHTED PROGRAMS THAT CONTINUE TO DEVELOP AND ADDRESS THE KEY PRIORITY NEEDS ARE KNOW YOUR BASICS, MAN UP!, RECIPE FOR HEALTH, AND THE MATERNAL AND INFANT HEALTH EDUCATION CLASS AND SUPPORT GROUP. KNOW YOUR BASICS, OUR SIGNATURE COMMUNITY HEALTH PROGRAM, OFFERS SCREENINGS, HEALTH EDUCATION, RESOURCE REFERRALS, AND PEER SUPPORT TO RESIDENTS THROUGHOUT SOUTH LOS ANGELES. KNOW YOUR BASICS REACHES COMMUNITY MEMBERS WHERE THEY LIVE IN THEIR EVERYDAY LIVES - SHOPPING MALLS, FARMERS' MARKETS, COMMUNITY HEALTH FAIRS, BARBER SHOPS, BEAUTY SALONS, CHURCHES, SCHOOLS, AND HOUSING PROJECTS. NURSING STUDENTS FROM TWO LOCAL COLLEGES AND NURSE ORGANIZATIONS CONDUCTED HEALTH SCREENINGS FOR GLUCOSE, BLOOD PRESSURE, AND BODY MASS INDEX (BMI). DURING THIS PAST YEAR WE REACHED OVER 285,000 COMMUNITY MEMBERS WITH HEALTH EDUCATION, PARTNERED WITH 30 ORGANIZATIONS IN COMMUNITY EVENTS, AND DELIVERED 1,506 HEALTH SCREENINGS. THE MAN UP! CAMPAIGN WAS LAUNCHED IN JANUARY 2019 AS AN EXTENSION OF OUR KNOW YOUR BASICS PROGRAM, TARGETING AN AUDIENCE THAT HAS HISTORICALLY BEEN SLOW TO ADDRESS PRIMARY CARE NEEDS. BLOOD PRESSURE, GLUCOSE, AND BMI SCREENINGS AS WELL AS HEALTH AND PROSTATE CANCER EDUCATION WERE OFFERED TO MEN IN BARBERSHOPS THROUGHOUT THE COMMUNITY. WE PARTNERED WITH NINE LOCAL BARBERSHOPS TO PROVIDE INFORMATION ON HEART DISEASE, DIABETES, OBESITY, AND PROSTATE CANCER, PROVIDING SCREENINGS TO OVER 150 MEN AT 15 SCREENING EVENTS. TO SUPPORT OUR PATIENTS WHO EXPERIENCE BOTH CHRONIC CONDITIONS AND FOOD INSECURITY, THE HOSPITAL AND THE MLK COMMUNITY MEDICAL FOUNDATION LAUNCHED A FOOD PRESCRIPTION PROGRAM IN FY 2019. RECIPE FOR HEALTH OFFERS THE PATIENT A WEEKLY SUPPLY OF FRESH FRUITS AND VEGETABLES, ALONG WITH COOKING AND NUTRITION CLASSES THAT HELP PATIENTS LEARN HOW FOOD CHOICES CAN IMPROVE THEIR HEALTH. FAMILY MEMBERS OFTEN BENEFIT ALONG WITH THE PATIENT, BUILDING HEALTHY HABITS ACROSS GENERATIONS. SINCE ITS LAUNCH IN MARCH 2019, THE RECIPE FOR HEALTH TEAM HAS ENROLLED 236 PARTICIPANTS. DESPITE THE EMERGENCE OF THE COVID-19 CRISIS, THE PROGRAM HAS CONTINUED TO SHOW SIGNIFICANT IMPROVEMENTS FOR PARTICIPANTS. HEALTHCARE UTILIZATION BASED ON OBSERVATIONS OF PRIMARY CARE CLINIC VISITS FOR COMPLETED ENCOUNTERS AND NO-SHOWS, THE PATIENTS FROM THE RFH PROGRAM WERE MORE LIKELY TO ATTEND THEIR APPOINTMENT, EVEN IF IT WAS NOT A RECIPE FOR HEALTH (RFH) PROGRAM RELATED VISIT (18.4% COMPARED TO 35.7% FOR THE NON-RFH PATIENT POPULATION). COMPARED TO THEIR PRIOR RFH ENROLLMENT, THERE WAS ALSO A DECREASE OBSERVED IN THOSE PATIENTS WHO USED THE EMERGENCY DEPARTMENT (ED) FOR CARE (52% FEWER PATIENTS SOUGHT CARE IN THE ED AND 43% DECREASE IN NUMBER OF ED OR INPATIENT ENCOUNTERS). HEALTH EDUCATION PARTICIPANTS CONTINUED TO STAY ACTIVE THROUGHOUT THE PROGRAM AND ENGAGE IN WELLNESS CLASSES TO IMPROVE THEIR KNOWLEDGE AND MOTIVATION FOR EATING HEALTHIER. OVER 50 PARTICIPANTS ATTENDED COOKING CLASSES AND GROCERY STORE TOURS SPONSORED BY COMMUNITY PARTNERS. ALL PARTICIPANTS (236) PARTICIPATED IN A WELLNESS CLASS OF THEIR CHOICE TO CONTINUE ENROLLMENT IN THE PROGRAM. HEALTH BEHAVIOR THERE WERE POSITIVE RESULTS FOR PARTICIPANTS IN THE NUTRITION PROGRAM WHO WERE 95.1% FOOD INSECURE (I.E., MILDLY OR SEVERELY FOOD INSECURE). INCREASED FRUIT AND VEGETABLE CONSUMPTION - 96.6% REPORTED CONSUMING 2+ SERVINGS OF FRUIT/VEGETABLES IN LAST WEEK IMPROVED KNOWLEDGE OF HEALTHY FOOD OPTIONS AND WAYS TO PREPARE HEALTHY MEALS - 96.6% REPORT THE RECIPE FOR HEALTH PROGRAM HELPED WITH COOKING AND EATING A HEALTHY MEAL REDUCED THEIR FAST FOOD AND UNHEALTHY FOOD CONSUMPTION - 80.6% REPORTED EATING FAST FOOD/UNHEALTHY FOODS 0-2X PER WEEK IN LAST WEEK HAD ENOUGH HEALTHY FOOD FOR THEMSELVES AND FAMILY - 76.7% REPORTED NEVER GOING A WHOLE DAY WITHOUT EATING IN LAST MONTH CLINICAL OUTCOMES AT THE 1-YEAR MARK OF THE PROGRAM, PROGRAM PARTICIPANTS COLLECTIVELY SAW A 3% DECREASE IN DIABETIC HEMOGLOBIN A1C LEVELS AND A 7% DECREASE IN HIGH BLOOD PRESSURE LEVELS. OVERALL, 87.4% OF PARTICIPANTS EXPERIENCED AT LEAST ONE IMPROVED HEALTH OUTCOME FROM A1C,</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>BODY MASS INDEX, BLOOD PRESSURE, OR ED UTILIZATION. CONSIDERING THAT THIS COHORT WAS 95.1% FOOD INSECURE AND 96.6% HAD TWO OR MORE CHRONIC CONDITIONS, THESE IMPROVED OUTCOMES DEMONSTRATED A SIGNIFICANT IMPACT FROM THIS PROGRAM. DEGREES OF INDIVIDUAL SUCCESS OF THE PROGRAM ARE LIKELY ATTRIBUTED TO CONSISTENT ADHERENCE TO THE PROGRAM. ANECDOTALLY, MANY PATIENTS STATED THEY WERE SHARING MEALS WITH THE FAMILY, SO IT IS ASSUMED THAT THE BENEFITS WERE SPREAD AMONG THE ENTIRE HOUSEHOLD. IMPROVEMENTS IN HEALTH WILL CONTINUE TO BE OBSERVED AND EVALUATED FOR IMPACT IN FY2021. TO IMPROVE ACCESS TO EDUCATION FOR MOTHERS AND TO EXTEND MATERNAL BEST PRACTICES, OUR PERINATAL TEAM DEVELOPED TWO COMMUNITY PROGRAMS THIS YEAR FOR NEW AND EXPECTANT MOTHERS: THE FIRST 48 HOURS CLASS AND THE MOMMY GROUP. BY THE END OF FY 2020, MLKCH'S AFFILIATED MATERNITY TEAM PROVIDED AND EDUCATED FIRST 48 HOURS CLASSES TO 16 NEW MOMS OR SOON-TO-BE MOMS, PROVIDED MOMMY SUPPORT GROUPS TO 48 MOMS. FIRST 48 HOURS TEACHES COMMUNITY MEMBERS WHAT TO EXPECT IN THE FIRST DAYS AFTER DELIVERY. THE FREE COURSE INCLUDES INFORMATION ON TESTING, IMMUNIZATIONS, CHANGES TO THE MOTHER'S BODY, AND BREASTFEEDING EDUCATION. THE MOMMY GROUP IS A FREE COMMUNITY PEER SUPPORT GROUP. TOPICS ARE EXTENSIVE AND INCLUDE FEEDING CHECKS FOR BABY, A HEALTHY DIET FOR MOM, STAGES OF BREASTFEEDING, PUMPING, AND RETURNING TO WORK AND SCHOOL WHILE BREASTFEEDING. PROGRAMS SUCH AS THESE ARE CONTINUOUSLY BEING EVALUATED FOR EFFECTIVENESS TO ADDRESS THE OVERALL HEALTH OF THE MLKCH POPULATION. THE FOLLOWING CHNA WILL CONTINUE TO EVOLVE THESE PROGRAMS AND IDENTIFY OTHER AREAS OF OPPORTUNITY TO ADDRESS FOR FURTHER IMPACT.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	INFORMATION REGARDING A PATIENT'S ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS POSTED IN THE MAIN PATIENT WAITING AREAS OF THE FACILITY. ADDITIONALLY, ALL PATIENTS ARE GIVEN WRITTEN INFORMATION UPON ADMISSION THAT DISCUSSES AVAILABILITY OF THE PROGRAMS AND PROVIDES CONTACT INFORMATION. PATIENT ACCESS COUNSELORS ARE ALSO AVAILABLE, AND THE DEPARTMENT OF PUBLIC SERVICES IS ON SITE TO ASSIST THE PUBLIC.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>MLKCH'S SERVICE AREA IS DEFINED AS THE GEOGRAPHIC REGION CONSISTING OF SERVICE PLANNING AREA (SPA) 6, AS WELL AS THOSE ZIP CODES LOCATED WITHIN A THREE-MILE RADIUS FROM THE HOSPITAL FACILITY. THE TOTAL POPULATION WITHIN THE MLKCH SERVICE AREA IS ESTIMATED TO BE 1,314,330. THE MAJORITY OF THE SERVICE AREA RESIDENTS LIVE IN LOS ANGELES (60.6%), WITH THE REMAINING 39.4% LIVING IN COMPTON AND SURROUNDING COMMUNITIES. WITHIN MLKCH'S SERVICE AREA, 48.2% OF THE SERVICE AREA'S POPULATION IS MALE, AND 51.8% IS FEMALE. WHILE THE SERVICE AREA POPULATION IS RELATIVELY YOUNGER COMPARED TO THAT OF THE COUNTY (30.6 YEARS VERSUS 35.3 YEARS), 29.9% OF THE COMMUNITY IS 45 YEARS OR GREATER. THE AGE COHORT 15 TO 44 YEARS REPRESENTS 46.4% OF THE SERVICE AREA'S OVERALL POPULATIONS. THE POPULATION AGE COHORT 0 TO 14 YEARS REPRESENTS 23.7% OF THE TOTAL SERVICE AREA POPULATION. OVERALL, MLKCH'S SERVICE AREA IS PRIMARILY HISPANIC/LATINO (68.8%); 23.9% IS AFRICAN AMERICAN; 2.9% OF THE RESIDENTS ARE ASIAN; 2.7% ARE WHITE; AND NATIVE HAWAIIAN/PACIFIC ISLANDER, AMERICAN INDIAN/ALASKAN/NATIVE, AND OTHER RACE OR MULTIPLE RACE/ETHNICITY COMBINED REPRESENT 1.7% OF THE SERVICE AREA POPULATION. WITHIN THE SERVICE AREA, NEARLY HALF OF THE COMMUNITY HAS IDENTIFIED SPANISH AS THEIR PRIMARY LANGUAGE. WITHIN THE SERVICE AREA, THE MEDIAN AND AVERAGE HOUSEHOLD INCOMES ARE LOWER THAN THAT OF LOS ANGELES COUNTY. ADDITIONALLY, THE MLKCH COMMUNITY HAS A HIGHER RATE OF POVERTY WHEN COMPARED TO LOS ANGELES AND THE STATE OF CALIFORNIA OVERALL, WITH ALMOST A THIRD (30.3%) OF THE POPULATION AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (18.4% AND 16.4% FOR LOS ANGELES COUNTY AND CALIFORNIA, RESPECTIVELY). FURTHER, EACH OF THE CITIES THAT COMPRISE MLKCH'S SERVICE AREA HAVE UNEMPLOYMENT RATES THAT EXCEED THAT FOR THE COUNTY AND STATE OVERALL. A HIGH PROPORTION OF THE COMMUNITY QUALIFIES FOR PUBLIC ASSISTANCE PROGRAMS AND INCOME ASSISTANCE WHEN COMPARED TO LOS ANGELES AND THE STATE OVERALL. THESE TRENDS ARE DIRECTLY RELATED TO THE DISPROPORTIONATELY HIGHER UNEMPLOYMENT AND POVERTY RATES, AND LOWER HOUSEHOLD INCOMES IN MLKCH'S COMMUNITY. IN REGARDS TO EDUCATION, 42.2% OF MLKCH'S COMMUNITY RESIDENTS AGE 25 YEARS OR OLDER DO NOT HAVE A HIGH SCHOOL DIPLOMA, COMPARED TO 23.2% FOR LOS ANGELES COUNTY OVERALL. FURTHER, ONLY 7.2% OF AREA RESIDENTS HAVE EARNED A BACHELOR'S DEGREE. WITHIN MLKCH'S SERVICE AREA, ONLY 40.3% OF ADULTS PERCEIVE THEIR NEIGHBORHOODS TO BE SAFE, THE LOWEST PERCEIVED NEIGHBORHOOD SAFETY OF ALL SERVICE PLANNING AREAS IN LOS ANGELES COUNTY (84.0% FOR LOS ANGELES COUNTY OVERALL). ADDITIONALLY, PORTIONS OF THE SERVICE AREA ALSO HAVE HIGHER RATES OF PROPERTY AND VIOLENT CRIMES WHEN COMPARED TO THE COUNTY AND STATE OVERALL. HIGH RATES OF PROPERTY AND VIOLENT CRIMES IN A COMMUNITY COMPROMISE INDIVIDUALS' PHYSICAL SAFETY, AND ARE DETRIMENTAL TO OVERALL MENTAL HEALTH, AND DETER RESIDENTS FROM PURSUING HEALTHY BEHAVIORS (E.G. WALKING OUTDOORS) FROM FEAR OF HARM.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5:	THE EMPLOYEES AND MEDICAL STAFF OF MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL PROVIDE COMMUNITY SERVICES FOCUSED ON HEALTH AND HEALING. THESE SERVICES RANGE FROM PROVIDING HEALTH EDUCATION AT COMMUNITY EVENTS TO DESIGNING AND LAUNCHING PROGRAMS AIMED TO ADDRESS KEY COMMUNITY NEEDS, OFTEN IN COLLABORATION WITH OTHER COMMUNITY PARTNERS AND NON-PROFIT ORGANIZATIONS. ADDITIONALLY, THE HOSPITAL EXTENDS MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES.

**Additional Data****Software ID:****Software Version:****EIN:** 27-4658935**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (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>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MARTIN LUTHER KING JR COMMUNITY HOSPITAL 1680 E 120TH STREET LOS ANGELES, CA 90059 WWW.MLKCH.ORG 060000132	X	X					X			

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

Form and Line Reference	Explanation
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	PART V, SECTION B, LINE 5: INPUT WAS OBTAINED FROM COMMUNITY MEMBERS AND LEADERS WHO REPRESENT THE BROAD INTERESTS OF THE MLKCH SERVICE AREA THROUGH KEY INFORMANT INTERVIEWS. INTERVIEWEES INCLUDED: PUBLIC HEALTH EXPERTS; REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS; LOCAL HEALTHCARE PROVIDERS; AND LOCAL HEALTH AND OTHER DEPARTMENT OR AGENCIES THAT HAVE CURRENT DATA RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY MLKCH. DURING THE INTERVIEWS, PARTICIPANTS WERE ASKED TO IDENTIFY MAJOR HEALTH ISSUES IN THE COMMUNITY, AND SOCIOECONOMIC, BEHAVIORAL, ENVIRONMENTAL OR CLINICAL FACTORS CONTRIBUTING TO POOR HEALTH. INTERVIEWEES SHARED THEIR PERSPECTIVES ON THESE ISSUES, IDENTIFIED CHALLENGES AND BARRIERS TO IMPROVING COMMUNITY HEALTH, AND DISCUSSED POTENTIAL RESOURCES TO ADDRESS THESE HEALTH NEEDS. A TOTAL OF 28 INFORMANT INTERVIEWS WERE CONDUCTED FOR THE NEEDS ASSESSMENT. THOSE INTERVIEWED INCLUDE REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: LA CARE HEALTH PLAN, LOS ANGELES SENTINEL, MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL, CHARLES DREW UNIVERSITY, ST. JOHN'S WELL CHILD AND FAMILY CENTER, LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY, GONZAQUE VILLAGE PUBLIC HOUSING, GEORGE WASHINGTON CARVER ELEMENTARY SCHOOL, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES, SHIELDS FOR FAMILIES/WELCOME BABY, KAISER PERMANENTE, MARTIN LUTHER KING JR. OUTPATIENT CENTER, USC SOL PRICE CENTER FOR SOCIAL INNOVATION, BETHEL MISSIONARY BAPTIST CHURCH, COMMUNITY COALITION OF SOUTH LOS ANGELES, BLACK WOMEN FOR WELLNESS, SCOPE/AGENDA, AND THE WATTS LABOR COMMUNITY ACTION COMMITTEE.

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

Form and Line Reference	Explanation
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	PART V, SECTION B, LINE 6B: THE CHNA INCLUDES A COMPREHENSIVE QUANTITATIVE AND QUALITATIVE ASSESSMENT OF THE CRITICAL FACTORS THAT AFFECT OVERALL HEALTH AND WELLNESS IN THE COMMUNITY OF MLK COMMUNITY HOSPITAL. THESE ASSESSMENTS WERE CONDUCTED BY: (I) PREMIER, INC., A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING ORGANIZATION THAT SPECIALIZES IN ADVISORY SERVICES AND IDENTIFYING COMMUNITY NEEDS FOR UNDERSERVED POPULATIONS, AND (II) BIEL CONSULTING, INC., AN INDEPENDENT CONSULTING FIRM THAT WORKS WITH HOSPITALS, CLINICS, AND COMMUNITY-BASED NONPROFIT ORGANIZATIONS.

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

Form and Line Reference	Explanation
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	<p>PART V, SECTION B, LINE 11: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCORPORATED DEMOGRAPHIC AND HEALTH DATA FOR THE COMMUNITIES SERVED BY MLKCH. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED USING PRIMARY AND SECONDARY DATA COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES. IN ADDITION, INTERVIEWS WERE CONDUCTED TO GATHER INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. HEALTH INDICATORS WERE CONSIDERED SIGNIFICANT NEEDS WHEN THEY EXCEEDED BENCHMARK DATA, SPECIFICALLY COUNTY OR STATE RATES OR HEALTH BY PEOPLE 2020 OBJECTIVES. INPUT FROM INTERVIEWS HELPED MLKCH PRIORITIZE IDENTIFIED HEALTH NEEDS. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH THE CHNA: (I) ACCESS TO PREVENTIVE, PRIMARY AND SPECIALTY HEALTH CARE, (II) MATERNAL AND INFANT HEALTH, (III) MANAGEMENT OF CHRONIC HEALTH CONDITIONS, AND (IV) SOCIAL DETERMINANTS OF HEALTH. MLKCH ADDRESSES ALL OF THESE SIGNIFICANT HEALTH NEEDS IN ITS 2017-2020 IMPLEMENTATION STRATEGY. ACCESS TO PREVENTIVE, PRIMARY, AND SPECIALTY CARE IS A SIGNIFICANT HEALTH NEED AS COMMUNITY RESIDENTS HAVE INADEQUATE ACCESS TO A BROAD RANGE OF MEDICAL AND DENTAL SERVICES. WITH A GOAL OF INCREASING ACCESS TO PREVENTIVE, PRIMARY, SPECIALTY, AND DENTAL HEALTH CARE FOR MEDICALLY UNDERSERVED POPULATIONS, MLKCH HAS OUTLINED A NUMBER OF PROGRAMS AND STRATEGIES TO ADDRESS THIS SIGNIFICANT HEALTH NEED. SUCH PROGRAMS INCLUDE: (I) PROVIDING RESIDENTS WITH ASSISTANCE TO ENROLL IN HEALTH INSURANCE PROGRAMS, (II) HELPING RESIDENTS CONNECT WITH HEALTHCARE PROVIDERS AND ESTABLISH MEDICAL HOMES, (III) PROVIDE TRANSPORTATION ASSISTANCE TO CONNECT PATIENTS TO MEDICAL PROVIDERS, (IV) DEVELOP FACILITIES, STAFFING, AND INFRASTRUCTURE TO HELP PHYSICIANS AND DENTISTS ESTABLISH NEW PRACTICES IN SOUTH LOS ANGELES, AND (V) PROVIDE FREE AND DISCOUNTED HEALTHCARE SERVICES THROUGH THE HOSPITAL'S CHARITY CARE POLICY. TO HELP ACHIEVE THESE GOALS, MLKCH WILL PARTNER WITH HEALTH ADVOCATES, THE COUNTY OF LOS ANGELES DEPARTMENT OF SOCIAL SERVICES, MLK COMMUNITY MEDICAL FOUNDATION, MLKCH KNOW YOUR BASICS (A PROGRAM OFFERING HEALTH SCREENING AND EDUCATION IN PUBLIC GATHERING PLACES SUCH AS FARMERS MARKETS, SHOPPING MALLS, BARBERSHOPS AND BEAUTY PARLORS), LOCAL PUBLIC AND PRIVATE TRANSPORTATION PROVIDERS, AND THE COUNTY OF LOS ANGELES. TO ADDRESS THE HEALTH NEED OF MATERNAL AND INFANT HEALTH, MLKCH HAS OUTLINED A VARIETY OF PROGRAMS AND STRATEGIES TO IMPROVE BIRTH OUTCOMES AND INFANT HEALTH. THESE PROGRAMS AND STRATEGIES INCLUDE: (I) EXPANDING THE AVAILABILITY OF PRENATAL CARE, EDUCATION, AND RESOURCES FOR EXPECTANT MOTHERS, (II) INCREASING ACCESS TO MEDICAL SPECIALISTS IN MATERNAL AND INFANT HEALTH, (III) ACHIEVE BABY FRIENDLY ACCREDITATION FROM THE WORLD HEALTH ORGANIZATION, (IV) PROVIDE HOME AND COMMUNITY-BASED POST-DELIVERY SUPPORT SERVICES FOR NEW MOTHERS, AND (V) INCREASE THE AVAILABILITY OF FAMILY PLANNING AND CONTRACEPTIVE SERVICES. MLKCH WILL PARTNER WITH ORGANIZATIONS SUCH AS MLK COMMUNITY GROUP, PLANNED</p>

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

Form and Line Reference	Explanation
<p>MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL</p>	<p>PARENTHOOD, VARIOUS COMMUNITY HEALTH CENTERS, MILLER CHILDREN'S AND WOMEN'S HOSPITAL, UNIC EF/WORLD HEALTH ORGANIZATION BABY FRIENDLY HOSPITAL INITIATIVE, AND EISNER PEDIATRIC AND F AMILY MEDICAL CENTER TO ACHIEVE ITS INTENDED IMPACT OF DECREASING PREMATURE BIRTHS AND INF ANT MORTALITY, DECREASED LOW BIRTH WEIGHT AND PREMATURE BIRTHS, AND INCREASING THE RATE OF BREASTFEEDING AMONG NEW MOTHERS.CHRONIC DISEASE MANAGEMENT IS A SIGNIFICANT HEALTH NEED, AS EVIDENCED BY THE HIGH PREVALENCE OF POORLY MANAGED CHRONIC DISEASES RESULTING IN BAD HE ALTH OUTCOMES. MLKCH HAS OUTLINED A NUMBER OF PROGRAMS AND STRATEGIES TO COMBAT THIS HEALTH H NEED, WHICH INCLUDES: (I) PROVIDING SCREENINGS, EDUCATION, AND PEER SUPPORT, (II) EXPAND ING ACCESS TO MEDICAL SPECIALISTS, (III) CREATING COMPREHENSIVE CENTERS OF EXCELLENCE FOR TREATING PATIENTS WITH CHRONIC DISEASES, AND (IV) EXPANDING DATA SHARING WITH COMMUNITY PR OVIDERS TO SUPPORT BETTER CARE COORDINATION. TO ACHIEVE ITS DESIRED IMPACT OF REDUCING MOR BIDITY AND MORTALITY ASSOCIATED WITH THESE CHRONIC DISEASES, MLKCH WILL PARTNER WITH SUCH ORGANIZATIONS INCLUDING MLK COMMUNITY MEDICAL FOUNDATION, PARTNERS IN CARE, AND OTHER COMM UNITY PROVIDERS. ALONG WITH CHRONIC DISEASE MANAGEMENT, THE HIGH PREVALENCE OF OVERWEIGHT AND OBESITY IS A HEALTH NEED MLKCH ALSO INTENDS TO ADDRESS. WITH THE GOAL OF EMPOWERING AN D ENCOURAGING RESIDENTS TO MAINTAIN HEALTHIER WEIGHTS BY EATING HEALTHY AND ENGAGING IN PH YSICAL ACTIVITY, MLKCH HAS OUTLINED THE FOLLOWING STRATEGIES: (I) PROVIDE COMMUNITY EDUCAT ION ON THE HEALTH IMPACT OF OVERWEIGHT AND OBESITY, WEIGHT MANAGEMENT, NUTRITION, AND EXER CISE, (II) ENCOURAGE YOUTH TO ADOPT HEALTH EATING AND EXERCISE, (III) SUPPORT COMMUNITY EF FORTS TO INTRODUCE HEALTHY, AFFORDABLE FOOD TO THE SOUTH LOS ANGELES COMMUNITY, (IV) PROMO TE THE MLK CAMPUS FARMERS MARKET AS A SOURCE OF FRESH PRODUCE IN SOUTH LOS ANGELES, AND (V ) PROVIDE AND MODEL HEALTHY FOOD CHOICES IN THE MLKCH CAFETERIA.SOCIAL DETERMINANTS OF HEA LTH IS A SIGNIFICANT HEALTH NEED, AND MLKCH INTENDS TO ADDRESS TWO OF THESE DETERMINANTS: CARE AND SERVICE COORDINATION FOR THE HOMELESS, AND PHYSICAL ENVIRONMENT. TO ADDRESS CARE AND SERVICE COORDINATION FOR THE HOMELESS, MLKCH HAS OUTLINED A NUMBER OF PROGRAMS AND STR ATEGIES, INCLUDING: (I) HELP HOMELESS INDIVIDUALS ACCESS HOUSING, FOOD, SOCIAL SERVICES AN D SUPPORT AVAILABLE THROUGH MEASURE H AND OTHER PUBLIC INITIATIVES, (II) SUPPORT AND COORD INATE WITH A HOMELESS OUTREACH TEAM ON THE MLKCH CAMPUS TO ENGAGE AND CONNECT HOMELESS IND IVIDUALS WITH SUPPORTIVE HOUSING AND HEALTHCARE PROVIDERS, (III) EXPAND PLACEMENT OPTIONS FOR HOMELESS PATIENTS, (IV) PROVIDE CASE MANAGEMENT AND SUPPORT FOR NEWLY HOUSED HOMELESS INDIVIDUALS, (V) PROVIDE CLOTHING AND TOILETRIES FOR HOMELESS PATIENTS, AND (VI) ADVOCATE FOR THE HOMELESS TO INCREASE UNDERSTANDING OF THEIR NEEDS AND SUPPORT POLICIES AND PROGRAM S TO PROTECT THEM AND INCREASE ACCESS TO PERMANENT HOUSING. TO ACHIEVE ITS GOALS, MLKCH WI LL PARTNER WITH THE HOMELESS O</p>



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

Form and Line Reference	Explanation
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	<p>UTREACH PROGRAM INTEGRATED CARE SYSTEM, WATTS LABOR COMMUNITY ACTION COMMITTEE, SOUTHERN CALIFORNIA HEALTH AND REHABILITATION PROGRAM, COORDINATED CARE SYSTEM, HABITAT FOR HUMANITY, A MLKCH HOMELESS LIAISON, TEMPORARY HOUSING AND POST-ACUTE CARE PROVIDERS, SOCIAL WORKERS, LOS ANGELES HOMELESS SERVICES AUTHORITY, AND LOCALLY ELECTED OFFICIALS. ADDITIONALLY, MLKCH ALSO INTENDS TO PROMOTE ENVIRONMENTAL SAFETY IN ITS COMMUNITY AND INCREASE SAFE AREAS FOR RESIDENTS TO LIVE AND EXERCISE. TO DO SO, MLKCH WILL SUPPORT COMMUNITY EFFORTS TO CREATE AND MAINTAIN A SAFER ENVIRONMENT.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MARTIN LUTHER KING JR-LOS ANGELES HEALTHCARE CORPORATION

Employer identification number 27-4658935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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
PART I, LINE 2:	DURING THE JUNE 30, 2020 FISCAL YEAR, THE ORGANIZATION RELIEVED THE INTERCOMPANY PAYABLE ACCOUNTS OWED TO THE ORGANIZATION OF BOTH MARTIN LUTHER KING JR. COMMUNITY HEALTH FOUNDATION. THIS AMOUNT OF DEBT FORGIVENESS, WHICH HAS BEEN TREATED AS A GRANT FOR PURPOSES OF THIS RETURN, IS BASED OFF ACCRUED EXPENSES IN THE BOOKS AND RECORDS OF BOTH ORGANIZATIONS, AND IS MONITORED BY OVERLAPPING GOVERNANCE OF ALL 3 ORGANIZATIONS. ADDITIONALLY, THE ORGANIZATION PROVIDED THE CALIFORNIA HEALTH FOUNDATION AND TRUST, AN UNRELATED PUBLIC BENEFIT CHARITY ESTABLISHED TO SPONSOR AND SUPPORT HEALTH CARE, WITH AN UNCONDITIONAL GRANT WHICH REQUIRED NO MONITORING OF THE USE OF GRANT FUNDS.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-4658935  
**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION 1680 E 120TH STREET LOS ANGELES, CA 90059	45-4433505	501(C)(3)		1,459,028			FORGIVENESS OF "DUE TO" MLKHC ACCUMULATED FOR OPERATIONS
MARTIN LUTHER KING JR COMMUNITY MEDICAL FOUNDATION 2251 WEST ROSECRANS AVENUE SUITE 18 18 COMPTON, CA 90222	81-2455970	501(C)(3)		328,396			FORGIVENESS OF "DUE TO" MLKHC ACCUMULATED FOR OPERATIONS + GENERAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA HEALTH FOUNDATION AND TRUST 1215 K STREET SUITE 800 SACRAMENTO, CA 95814	94-1498697	501(C)(3)		171,866			GENERAL SUPPORT

**Schedule J**  
(Form 990)

## 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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

**Employer identification number**  
27-4658935

**Part I Questions Regarding Compensation**

		Yes	No		
<p><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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><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 on Line 1a?</p>	<b>2</b>				
<p><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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	Yes			
<p><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 . . . . .</p>	<b>8</b>		No		
<p><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)? . . . . .</p>	<b>9</b>				



**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
PART I, LINE 7	MANAGEMENT IS ELIGIBLE TO EARN AN ANNUAL INCENTIVE AMOUNT UNDER THE ORGANIZATION'S PERFORMANCE PROGRAM. THE PROGRAM INCLUDES ACHIEVING INDIVIDUAL AND ORGANIZATIONAL GOALS, SOME OF WHICH MAY BE CONSIDERED "NON-FIXED" PAYMENTS.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-4658935  
**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
 HEALTHCARE CORPORATION

**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					
1DR ELAINE BATCHLOR CHIEF EXECUTIVE OFFICER	(i)	500,706	225,005	10,250	9,800	20,183	765,944	0
	(ii)	0	0	0	0	0	0	0
1JOHN FISHER MD CHIEF MEDICAL OFFICER	(i)	402,100	172,744	6,000	9,800	18,357	609,001	0
	(ii)	0	0	0	0	0	0	0
2SUZIE REINSVOLD MSN BSN CHIEF OPERATING/NURSING OFFICER	(i)	394,936	102,874	0	8,400	31,087	537,297	0
	(ii)	0	0	0	0	0	0	0
3MITCHELL T THOMAS CHIEF FINANCIAL OFFICER	(i)	333,023	98,844	0	9,800	34,695	476,362	0
	(ii)	0	0	0	0	0	0	0
4DYAN SUBLETT PRESIDENT MLK CHF	(i)	324,693	110,352	790	9,800	26,618	472,253	0
	(ii)	0	0	0	0	0	0	0
5JORGE REYNO JR VP POPULATION HEALTH	(i)	335,124	78,730	0	8,400	33,895	456,149	0
	(ii)	0	0	0	0	0	0	0
6BRUCE POLLACK SR. VP STRATEGIC PLANNING	(i)	314,893	92,359	0	8,400	17,759	433,411	0
	(ii)	0	0	0	0	0	0	0
7SUSAN SMITH-BURROWS SR. VP HUMAN RESOURCES	(i)	259,357	80,186	0	9,800	29,778	379,121	0
	(ii)	0	0	0	0	0	0	0
8TRACY DONEGAN CHIEF INFORMATION INNOVATION OFFICER	(i)	256,943	71,775	0	8,400	17,808	354,926	0
	(ii)	0	0	0	0	0	0	0
9JOYCE VOLSCH ASSISTANT CNO/VP PATIENT SERVICES	(i)	260,701	49,853	0	8,400	18,776	337,730	0
	(ii)	0	0	0	0	0	0	0
10MARIA DE LEON VP OF QUALITY	(i)	229,126	57,684	0	8,400	34,496	329,706	0
	(ii)	0	0	0	0	0	0	0
11JONATHAN WESTALL VP ANCILLARY SERVICES	(i)	217,468	49,674	0	8,057	35,526	310,725	0
	(ii)	0	0	0	0	0	0	0
12FLORENCE SEKIKWA RN 3	(i)	263,930	127	0	7,988	4,099	276,144	0
	(ii)	0	0	0	0	0	0	0
13ALAINE SCHAUER DIR. SR. OF ED AND ICU	(i)	201,616	36,281	0	7,239	9,789	254,925	0
	(ii)	0	0	0	0	0	0	0
14KEITH WOLFE DIRECTOR OF MANAGED CARE CONTRACTS	(i)	191,342	29,628	0	7,734	2,039	230,743	0
	(ii)	0	0	0	0	0	0	0
15MOJISOLA PEREGRINO RN 3	(i)	219,766	0	0	6,661	2,650	229,077	0
	(ii)	0	0	0	0	0	0	0
16KITAE PARK VP OF MEDICAL AFFAIRS	(i)	150,571	0	0	0	13,930	164,501	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

Employer identification number

27-4658935

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING TEAM. AFTER A FINAL DRAFT IS REVIEWED AND APPROVED BY THE ORGANIZATION'S MANAGEMENT, THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, KEY EMPLOYEE, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT EACH PERSON: (I) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (II) HAS READ AND UNDERSTOOD THE POLICY, (III) HAS AGREED TO COMPLY WITH THE POLICY, AND (IV) UNDERSTANDS MLK IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE POLICY CALLS FOR INTERESTED PERSONS TO DISCLOSE TO THE BOARD OF DIRECTORS FINANCIAL INTERESTS IN ANY TRANSACTIONS WHERE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS CAN OCCUR. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF DIRECTORS MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE PROCESS IS THEN DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS MEETINGS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	UPON HIRING OF THE CURRENT CEO, THE BOARD ENGAGED THE SERVICES OF A COMPENSATION CONSULTING FIRM TO ASSIST THEM IN DETERMINING APPROPRIATE COMPENSATION FOR SUCH AN INDIVIDUAL. AFTER CONSULTATION WITH THE COMPENSATION CONSULTING FIRM, WHICH COMPILED SALARY SURVEYS FOR SIMILAR INDUSTRY ORGANIZATIONS, THE BOARD SET THE COMPENSATION FOR THE CEO. THE BOARD ALSO REVIEWED THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WITH EXTERNAL COMPENSATION INFORMATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON A QUARTERLY AND ANNUAL BASIS THROUGH OSHPD, THE CALIFORNIA AGENCY WEBSITE. THE GOVERNING DOCUMENTS ARE AVAILABLE VIA THE CALIFORNIA SECRETARY OF STATE PUBLIC WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE HOSPITAL'S WEBSITE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 85,912,486. MANAGEMENT AND GENERAL EXPENSES 6,706,704. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 92,619,190.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION

**Employer identification number**

27-4658935

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION 1680 E 120TH STREET  LOS ANGELES, CA 90059 45-4433505	CHARITABLE FOUNDATION	CA	501(C)(3)	7	MLKCH	Yes	
<b>(2)</b> MARTIN LUTHER KING JR COMMUNITY MEDICAL FOUNDATION 2251 WEST ROSECRANS AVENUE SUITE 18  COMPTON, CA 90222 81-2455970	MEDICAL GROUP	CA	501(C)(3)	10	MLKCH	Yes	
<b>(3)</b> MARTIN LUTHER KING JR HEALTH ASSOCIATES 1680 E 120TH STREET  LOS ANGELES, CA 90059 84-4327369	MEDICAL SERVICES	CA					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.

(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.

(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.

	Yes	No
<b>1</b> 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?		
<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) . . . . .	Yes	
<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) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<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) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data****Software ID:****Software Version:****EIN:** 27-4658935**Name:** MARTIN LUTHER KING JR-LOS ANGELES  
HEALTHCARE CORPORATION**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION	B	1,459,028	BOOK VALUE
MARTIN LUTHER KING JR COMMUNITY MEDICAL FOUNDATION	B	328,396	BOOK VALUE
MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION	C	7,574,172	BOOK VALUE
MLK COMMUNITY MEDICAL FOUNDATION	D	300,000	BOOK VALUE
MLK COMMUNITY MEDICAL FOUNDATION	L	495,237	BOOK VALUE
MLK COMMUNITY MEDICAL FOUNDATION	M	10,880,081	BOOK VALUE
MARTIN LUTHER KING JR COMMUNITY HEALTH FOUNDATION	D	28,576,725	BOOK VALUE