

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 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization: Torrance Health Association
 % Lani Walker
 Doing business as

D Employer identification number: 33-0073515

E Telephone number: (310) 784-3708

G Gross receipts \$ 188,042,630

F Name and address of principal officer: Craig Leach, 3330 Lomita Blvd, Torrance, CA 90505

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW TORRANCEMEMORIAL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M** State of legal domicile: CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	832
6 Total number of volunteers (estimate if necessary)	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	79,569
7b Net unrelated business taxable income from Form 990-T, line 34	63,421

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	64,486	38,865
9 Program service revenue (Part VIII, line 2g)	87,635,329	180,920,984
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,459	-30,197
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,846,012	4,804,282
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,697,286	185,733,934
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,237,475	65,064,077
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	70,495,351	141,774,954
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	99,732,826	206,839,031
19 Revenue less expenses Subtract line 18 from line 12	-9,035,540	-21,105,097

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	127,775,367	128,911,636
21 Total liabilities (Part X, line 26)	132,453,183	136,886,074
22 Net assets or fund balances Subtract line 21 from line 20	-4,677,816	-7,974,438

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: [Signature] Date: 2020-04-28

WILLIAM LARSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: [Name] Preparer's signature: [Signature] Date: [Date]

Check if self-employed PTIN: P00023315

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ [EIN]

Firm's address ▶ 18101 VON KARMAN AVE SUITE 1700 IRVINE, CA 92612 Phone no (949) 794-2300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 \$	10,544,794	including grants of \$	0)	(Revenue \$	1,915,250)
	See Additional Data						

4b	(Code)	(Expenses \$	105,440,829	including grants of \$	0)	(Revenue \$	95,161,440)
	See Additional Data						

4c	(Code)	(Expenses \$	84,393,334	including grants of \$	0)	(Revenue \$	83,844,294)
	See Additional Data						

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
-----------	--	--------------	------------------------	-------------	---

4e	Total program service expenses ▶	200,378,957
-----------	---	-------------

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	832		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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 (12); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 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? (No).

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 (CA); 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 (checked), 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 (Lani Walker 3330 Lomita Blvd Torrance, CA 90505 (310) 784-3708).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Vinh Cam MD Vice Chairman	1 0	X		X				0	0	0
(2) William Collier ESQ Treasurer	1 0	X		X				0	0	0
(3) Greg Geiger Chairman	1 0	X		X				0	0	0
(4) Sherry Kramer Secretary	1 0	X		X				0	0	0
(5) Kristine Douglas Board Member	1 0	X						0	0	0
(6) Amir Kaviani MD Board Member	1 0	X						0	0	0
(7) Charlotte Lesser Board member	1 0	X						0	0	0
(8) Susan Liebson Board Member	1 0	X						0	0	0
(9) Richard Lucy Board Member	1 0	X						0	0	0
(10) Thomas Simko MD Board Member	1 0	X						0	0	0
(11) Craig Leach President/CEO & Assist Treasur	20 0	X		X				917,638	0	293,475
(12) Sally Eberhard SR VP TMHS	20 0	X						546,190	0	46,082
(13) William Larson CFO	20 0			X				297,072	0	58,222
(14) John McNamara CMO	20 0				X			557,775	0	62,960
(15) Chris Rogers SR VP/Exec Officer of THIPA	40 0				X			422,617	0	152,509
(16) Heidi Assigal VP Business & Operations	40 0				X			290,253	0	40,873
(17) Kelley Prince CMO THIPA	40 0				X			325,324	0	19,804

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) Sylvia Dochterman VP Ops, Managed Care TMHS	40 0 0 0				X			247,191	0	26,041
(19) Barry Sheppard Sr Director Physician Network	40 0 0 0					X		207,360	0	55,003
(20) Maria White Sr Director Operations	40 0 0 0					X		187,656	0	41,423
(21) Terrance Runzler Sr Director Billing & Finance	40 0 0 0					X		175,788	0	36,271
(22) Josephine Wong Sr Med Mgmt Review Nurse	40 0 0 0					X		182,251	0	13,562
(23) Yumiko Lee Sr Director ACO & Pop Health	40 0 0 0					X		174,180	0	31,209
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								4,531,295	0	877,434

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 ▶ 59			
---	--	--	--

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
ADVANCE MEDICAL MANAGEMENT INC, 5000 AIRPORT PLAZA DR LONG BEACH, CA 90815	MEDICAL	2,783,630
TORRANCE ANESTHESIA MEDICAL GROUP, PO BOX 60790 PASADENA, CA 91116	MEDICAL	2,622,161
ASSOCIATION OF SOUTH BAY SURGEONS, 23451 MADISON ST STE 340 TORRANCE, CA 90505	MEDICAL	2,024,205
SOUTH BAY GASTROENTEROLOGY MEDICAL, 23560 MADISON ST STE 211 TORRANCE, CA 90505	MEDICAL	1,943,268
SKYLINE UROLOGY, DEPT LA 24574 PASADENA, CA 91185	MEDICAL	1,310,497

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 ▶ 64

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations (38,865), 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total (38,865).

Table for Program Service Revenue with 6 columns: Description, Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a TMPN REVENUE (621111, 95,161,440), 2b THIPA CAP, CLAIMS, OTHER REV (621111, 83,844,294), 2c MGMT FEES FROM RELATED ORG (900099, 582,650), 2d HEALTH AWARENESS, COMM (541900, 528,237), 2e HEALTH EDUCATION (611600, 63,293), and 2f All other program service revenue (741,070, 877,732, -136,662). Total 2g is 180,920,984.

Table for Other Revenue with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3 Investment income (-69,006), 4 Income from investment of tax-exempt bond proceeds (0), 5 Royalties (0), 6a Gross rents (6,017,006), 6b Less rental expenses (1,212,724), 6c Rental income or (loss) (4,804,282), 6d Net rental income or (loss) (4,804,282, 216,231, 4,588,051), 7a Gross amount from sales of assets other than inventory (1,134,781), 7b Less cost or other basis and sales expenses (1,095,972), 7c Gain or (loss) (38,809), 7d Net gain or (loss) (38,809), 8a Gross income from fundraising events (0), 8b Less direct expenses (0), 8c Net income or (loss) from fundraising events (0), 9a Gross income from gaming activities (0), 9b Less direct expenses (0), 9c Net income or (loss) from gaming activities (0), 10a Gross sales of inventory, less returns and allowances (0), 10b Less cost of goods sold (0), 10c Net income or (loss) from sales of inventory (0), 11a Miscellaneous Revenue, 11b, 11c, 11d All other revenue, 11e Total (0), and 12 Total revenue (185,733,934, 181,057,646, 79,569, 4,557,854).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,524,615	0	1,524,615	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		0
7 Other salaries and wages	52,453,827	50,745,128	1,708,699	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,274,519	2,096,394	1,178,125	0
9 Other employee benefits	4,330,649	4,164,798	165,851	0
10 Payroll taxes	3,480,467	3,243,028	237,439	0
11 Fees for services (non-employees)				
a Management	392,809	0	392,809	0
b Legal	51,193	0	51,193	0
c Accounting	15,190	0	15,190	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,185,572	91,587,240	598,332	0
12 Advertising and promotion	408,884	405,814	3,070	0
13 Office expenses	35,723,794	35,725,328	-1,534	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	5,896,421	5,488,424	407,997	0
17 Travel	40,714	26,547	14,167	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	147,457	142,854	4,603	0
20 Interest	2,279,442	2,279,442	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,799,551	2,708,006	91,545	0
23 Insurance	568,639	568,341	298	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Taxes & Licenses	1,179,141	1,147,991	31,150	0
b Minor Equipment	86,147	49,622	36,525	0
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	206,839,031	200,378,957	6,460,074	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1	Cash—non-interest-bearing	9,414,759	1	8,037,542
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	11,975,882	4	11,615,477
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	185,000	8	238,363
	9	Prepaid expenses and deferred charges	2,280,083	9	1,256,467
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 97,627,555		
	b	Less accumulated depreciation	10b 3,606,959	90,434,939	10c 94,020,596
	11	Investments—publicly traded securities	6,949,724	11	7,291,633
	12	Investments—other securities See Part IV, line 11	2,349,449	12	2,094,144
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	1,507,596	14	1,326,932
	15	Other assets See Part IV, line 11	2,677,935	15	3,030,482
16	Total assets. Add lines 1 through 15 (must equal line 34)	127,775,367	16	128,911,636	
Liabilities	17	Accounts payable and accrued expenses	21,147,380	17	20,196,494
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	503,021	22	503,021
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	110,802,782	25	116,186,559
	26	Total liabilities. Add lines 17 through 25	132,453,183	26	136,886,074
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-4,677,816	27	-7,974,438
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-4,677,816	33	-7,974,438	
34	Total liabilities and net assets/fund balances	127,775,367	34	128,911,636	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	185,733,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,839,031
3	Revenue less expenses Subtract line 2 from line 1	3	-21,105,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,677,816
5	Net unrealized gains (losses) on investments	5	109,918
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,698,557
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-7,974,438

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 33-0073515

Name: Torrance Health Association

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Torrance Health Association

Employer identification number

33-0073515

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 1
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		
(A) Torrance Memorial Medical Center	951644042	3		No	0	10,544,794
Total	1					10,544,794

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
		1	Yes

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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
		2a	
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>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
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>		
		3b	

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

- 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.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G	<p>ON BEHALF OF TORRANCE MEMORIAL MEDICAL CENTER (TMMC), TORRANCE HEALTH ASSOCIATION (THA) MAKES STRATEGIC FINANCIAL AND LEGAL DECISIONS, IDENTIFIES AVAILABLE RESOURCES, AND PROVIDES DIRECTION AND GUIDANCE IN ORDER TO MAXIMIZE RESOURCES AVAILABLE FOR US IN DELIVERING COST-EFFECTIVE HEALTH CARE TO THE COMMUNITY THA PROVIDES CENTRALLY LOCATED FACILITIES FOR PHYSICIAN AND THEIR PRACTICES ENABLING THEM TO SERVICE THE COMMUNITY AND SURROUNDING AREAS HEALTH EDUCATION PROVIDES THE SATELLITE OFFICE SPACE FOR CLASSES INCLUDING CHILDBIRTH, CPR, FIRST AID, ETC AND COMMUNITY SERVICE PROGRAMS THAT DEAL WITH HEALTH CARE SCREENING, WELLNESS/LIFESTYLE INFORMATION MANAGEMENT OF CHRONIC DISEASES, AND SUPPORT OF NUMEROUS AGENCIES PROVIDING HEALTH CARE AND HOUSING SERVICES FOR VULNERABLE POPULATIONS BREAST DIAGNOSTIC CENTER PROVIDES SPACE FOR THE HOSPITAL'S (TMMC) SATELLITE BREAST DIAGNOSTIC SERVICES THE SATELLITE CENTERS HELP MAKE MAMMOGRAMS MORE ACCESSIBLE AND AVAILABLE TO WOMEN IN THE COMMUNITY</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, LINE 1	TORRANCE HEALTH ASSOCIATION (THA) DOES NOT SPECIFICALLY DESIGNATE THE PUBLICLY SUPPORTED ORGANIZATIONS ON WHOSE BEHALF THA IS OPERATED THA'S GOVERNING DOCUMENTS DESIGNATE ITS SUPPORTED ORGANIZATIONS BY CLASS THE CLASSES OF ORGANIZATIONS THA IS DEDICATED TO SUPPORTING ARE CHARITABLE AND HOSPITAL ORGANIZATIONS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Torrance Health Association

Employer identification number
33-0073515

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| 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
1a Land		45,491,277		45,491,277
b Buildings		41,312,910	2,353,475	38,959,435
c Leasehold improvements		296,204	77,622	218,582
d Equipment		3,918,538	1,175,862	2,742,676
e Other		6,608,626	0	6,608,626
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				94,020,596

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LEASE LIABILITY	90,580,873
IBNR ACCRUAL	8,000,000
LONG TERM LIABILITY - PENSION	6,530,448
PHYSICIAN INCENTIVE PROGRAMS	3,862,600
LOAN - RELATED ORGANIZATION	3,000,000
CEDARS FUNDING	2,802,038
LONG TERM LIABILITY - HONEYWELL	850,000
AMM BONUS ACCRUAL	560,600
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	116,186,559

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 33-0073515
Name: Torrance Health Association

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
LEASE LIABILITY	90,580,873
IBNR ACCRUAL	8,000,000
LONG TERM LIABILITY - PENSION	6,530,448
PHYSICIAN INCENTIVE PROGRAMS	3,862,600
LOAN - RELATED ORGANIZATION	3,000,000
CEDARS FUNDING	2,802,038
LONG TERM LIABILITY - HONEYWELL	850,000
AMM BONUS ACCRUAL	560,600

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC740) FOOTNOTE THE HEALTH SYSTEM COMPLETED AN ANALYSIS OF ITS TAX POSITIONS, IN ACCORDANCE WITH ASC 740, INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THE HEALTH SYSTEM HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE HEALTH SYSTEM IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE HEALTH SYSTEM BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Torrance Health Association

Employer identification number
33-0073515

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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 indemnification 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 indemnification 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 indemnification 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 If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" 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 checked="" 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 checked="" 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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 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>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	DETERMINING CEO COMPENSATION THE TORRANCE HEALTH ASSOCIATION AND TORRANCE MEMORIAL MEDICAL CENTER HAVE A COMMON BOARD, THE SAME PERSONS FOR BOTH ORGANIZATIONS USED THE METHOD CHECKED ON SCHEDULE J, PART I, LINE 3, TO DETERMINE THE COMPENSATION OF THE CEO

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	THE TORRANCE HEALTH ASSOCIATION (THA) BOARD OF TRUSTEES PROVIDES A SERP TO PARTICIPANTS IDENTIFIED AS 'KEY EMPLOYEES' THE SERP PROVIDES FOR ANNUAL ACCRUAL BASED UPON THE KEY EMPLOYEES EARNINGS TO BE ACCUMULATED IN A LIABILITY ACCOUNT EARNING INTEREST AT THE RATE SPECIFIED IN THE PLAN DOCUMENT PARTIAL VESTING AND DISTRIBUTION OCCURS UPON A PARTICIPANTS REACHING AGE 60 AND MAINTAINING EMPLOYMENT AS A KEY EMPLOYEE OF THA DURING 2018, THE FOLLOWING INDIVIDUALS RECEIVED SERP PAYMENTS RELATED TO THEIR FULL VESTING IN THE PLAN JOHN MCNAMARA - \$52,307 SALLY EBERHARD - \$57,418



Additional Data

Software ID:
Software Version:
EIN: 33-0073515
Name: Torrance Health Association

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				
Craig Leach President/CEO & Assist Treasur	(i)	653,020	264,618	0	274,849	18,626	1,211,113	0
	(ii)	0	0	0	0	0	0	0
William Larson CFO	(i)	266,408	30,664	0	27,440	30,782	355,294	0
	(ii)	0	0	0	0	0	0	0
Sally Eberhard SR VP TMHS	(i)	271,812	126,124	148,254	43,661	2,421	592,272	57,418
	(ii)	0	0	0	0	0	0	0
John McNamara CMO	(i)	390,577	114,891	52,307	54,396	8,564	620,735	52,307
	(ii)	0	0	0	0	0	0	0
Chris Rogers SR VP/Exec Officer of THIPA	(i)	338,932	83,685	0	130,853	21,656	575,126	0
	(ii)	0	0	0	0	0	0	0
Heidi Assigal VP Business & Operations	(i)	275,253	15,000	0	11,000	29,873	331,126	0
	(ii)	0	0	0	0	0	0	0
Barry Sheppard Sr Director Physician Network	(i)	197,860	9,500	0	22,623	32,380	262,363	0
	(ii)	0	0	0	0	0	0	0
Kelley Prince CMO THIPA	(i)	317,314	8,010	0	0	19,804	345,128	0
	(ii)	0	0	0	0	0	0	0
Sylvia Dochterman VP Ops, Managed Care TMHS	(i)	229,184	18,007	0	3,459	22,582	273,232	0
	(ii)	0	0	0	0	0	0	0
Maria White Sr Director Operations	(i)	182,281	5,375	0	23,104	18,319	229,079	0
	(ii)	0	0	0	0	0	0	0
Terrance Runzler Sr Director Billing & Finance	(i)	175,788	0	0	18,276	17,995	212,059	0
	(ii)	0	0	0	0	0	0	0
Josephine Wong Sr Med Mgmt Review Nurse	(i)	177,454	4,797	0	0	13,562	195,813	0
	(ii)	0	0	0	0	0	0	0
Yumiko Lee Sr Director ACO & Pop Health	(i)	160,293	13,887	0	9,878	21,331	205,389	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Torrance Health Association

Employer identification number
33-0073515

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

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) VINH CAM	BOARD MEMBER	PROMISSORY		X	500,000	503,021		No	Yes		Yes	
Total						▶ \$	503,021					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
Torrance Health Association

Employer identification number

33-0073515

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	TORRANCE HEALTH ASSOCIATION SUPPORTS TORRANCE MEMORIAL MEDICAL CENTER AND ITS CHARITABLE MISSION OF PROVIDING HEALTH SERVICES TO THE COMMUNITY OF TORRANCE, CA AND SURROUNDING AREAS FORM 990, PART I, LINE 6 VOLUNTEERS HEALTH RESOURCE CENTER AND HEALTH EDUCATION USES VOLUNTEERS IN VARIOUS AREAS THEY ARE USED TO GREET PATIENTS AND VISITORS IN THE HEALTHLINKS DEPARTMENT THEY ALSO HELP WITH VARIOUS LIGHT OFFICE DUTIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH EDUCATION PROVIDES THE SATELLITE OFFICE SPACE FOR CLASSES INCLUDING CHILDBIRTH, CPR , FIRST AID, ETC AND COMMUNITY SERVICE PROGRAMS THAT DEAL WITH HEALTH CARE SCREENING, WEL LNESS/LIFESTYLE INFORMATION MANAGEMENT OF CHRONIC DISEASES, AND SUPPORT OF NUMEROUS AGENCI ES PROVIDING HEALTH CARE AND HOUSING SERVICES FOR VULNERABLE POPULATIONS BREAST DIAGNOSTI C CENTER PROVIDES SPACE FOR THE HOSPITAL'S (TMMC) SATELLITE BREAST DIAGNOSTIC SERVICES TH E SATELLITE CENTERS HELP MAKE MAMMOGRAMS MORE ACCESSIBLE AND AVAILABLE TO WOMEN IN THE COM MUNITY ON BEHALF OF TORRANCE MEMORIAL MEDICAL CENTER (TMMC), TORRANCE HEALTH ASSOCIATION (THA) MAKES STRATEGIC FINANCIAL AND LEGAL DECISIONS, IDENTIFIES AVAILABLE RESOURCES, AND P ROVIDES DIRECTION AND GUIDANCE IN ORDER TO MAXIMIZE RESOURCES AVAILABLE FOR US IN DELIVERI NG COST-EFFECTIVE HEALTH CARE TO THE COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	TORRANCE MEMORIAL PHYSICIAN NETWORK (TMPN) IS A PRIMARY CARE AND MULTI SPECIALTY NETWORK OF PHYSICIANS AND HEALTH PROFESSIONALS FOCUSED ON IMPROVING THE LIVES AND HEALTH OF THE POPULATION IN THE COMMUNITY THEIR FOCUS IS ON FAMILY AND INTERNAL MEDICINE, BUT ALSO OFFERS SUB-SPECIALTY MEDICAL SERVICES SUCH AS ENDOCRINOLOGY, RHEUMATOLOGY, OB-GYN, CANCER CARE, CARDIOLOGY, PAIN MANAGEMENT, PHYSICAL THERAPY AND REHABILITATION, SLEEP STUDIES, URGENT CARE, AND DIABETES CARE TMPN PROVIDES GUIDANCE ON WHAT MEDICAL SCREENING IS NEEDED AND WHEN TO HAVE THEM THE PARTNERSHIP WITH TORRANCE MEMORIAL HEALTH SYSTEMS BRINGS VALUABLE RESOURCES THAT ENABLE THEM TO PROVIDE A HIGHER LEVEL OF COORDINATED, COMPASSIONATE, AND HIGHLY PERSONAL CARE TMPN EMPHASIZES COMMUNICATION AND COLLABORATIVE APPROACH TO INTEGRATED CARE FOR THE WHOLE PATIENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	TORRANCE HOSPITAL IPA (THIPA) IS A MULTI-SPECIALTY PHYSICIAN NETWORK THAT OFFERS OVER 138 PRIMARY CARE DOCTORS AND 386 SPECIALISTS TO ITS MEMBERS AS WELL AS THE NATIONALLY RECOGNIZED TORRANCE MEMORIAL MEDICAL CENTER THIPA GIVES EASY ACCESS TO THE SOUTH BAY'S LEADING DOCTORS, SPECIALISTS, AND HEALTHCARE PRACTITIONERS AND HAS BEEN SERVING THE SOUTH BAY COMMUNITY FOR OVER 30 YEARS THEY PROVIDE PERSONALIZED, CUTTING-EDGE MEDICAL CARE TO ITS MEMBERS THE VARIED EDUCATIONAL AND EXPERIENTIAL BACKGROUNDS OF THE THIPA LEADERSHIP, RANGING FROM MEDICINE OVER PUBLIC HEALTH TO MANAGEMENT, ALLOW A BROAD AND COMPREHENSIVE APPROACH TO THE MEDICAL CARE OF ITS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 6 AND 7A	POWER TO ELECT OR APPOINT MEMBERS CEDARS SINAI HEALTH SYSTEM IS THE SOLE MEMBER OF TORRANCE HEALTH ASSOCIATION AND RESERVES THE RIGHT TO APPROVE TRUSTEES TO THE TORRANCE HEALTH ASSOCIATION BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 THE FORM 990 WAS PREPARED BY THE ORGANIZATION'S FINANCE DEPARTMENT ALONG WITH OUR TAX ADVISORS THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT BEFORE BEING PRESENTED TO THE BOARD OF TRUSTEES OUR TAX ADVISORS DISCUSSED AND EDUCATED THE TRUSTEES OF THE FORM 990 AFTER THE FINAL REVIEW IS COMPLETE, AN OFFICER OF THE ORGANIZATION SIGNED THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>DESCRIPTION OF PROCESS USED TO MONITOR FOR CONFLICTS OF INTEREST TORRANCE HEALTH ASSOCIATION'S ("THE ASSOCIATION") MONITORING, REVIEW AND ENFORCEMENT OF ITS CONFLICT OF INTEREST POLICY RESTS WITH ITS NOMINATING COMMITTEE ANNUALLY, THE ASSOCIATION SENDS ALL TRUSTEES, OFFICERS, EXECUTIVES, AND MANAGERIAL EMPLOYEES A COPY OF THE ASSOCIATION'S CONFLICT OF INTEREST POLICY AND CONFLICT OF INTEREST QUESTIONNAIRE, ALL TRUSTEES, OFFICERS, EXECUTIVES, AND MANAGERIAL EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT THAT THEY HAVE RECEIVED AND READ THE CONFLICT OF INTEREST POLICY ADDITIONALLY, THEY MUST ALSO COMPLETE, SIGN, AND SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE THE QUESTIONNAIRE INQUIRES AS TO ALL INDIVIDUALS CONCERNED WITH CONDUCTING, TRANSACTING OR APPROVING THE BUSINESS MATTERS OF THE ASSOCIATION ONCE THE CONFLICT OF INTEREST QUESTIONNAIRES HAVE BEEN RECEIVED BACK FROM THE OFFICERS, TRUSTEES AND EXECUTIVES, THEY ARE REVIEWED AND SUMMARIZED BY THE NOMINATING COMMITTEE FOR PRESENTATION TO THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE REPORTS ANY CONFLICTS TO THE BOARD OF TRUSTEES WITH THEIR RECOMMENDATION AS TO THE NATURE OF THE CONFLICT THAT MAY IMPED THE INDEPENDENCE OF THE BOARD MEMBER IF AN OFFICER, TRUSTEE, OR EXECUTIVE IS FOUND TO HAVE A CONFLICT, THERE IS A PROCESS IN PLACE TO PROHIBIT THIS INDIVIDUAL FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS IN THE TRANSACTION MANAGERIAL EMPLOYEE'S CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE AREA VICE PRESIDENT CONFLICTS ARE NOTED AND FORWARDED TO HUMAN RESOURCES FOR SUMMARIZATION IF MATERIAL CONFLICTS EXIST, THEY ARE FORWARDED TO THE CEO, WHO TOGETHER WITH THE AREA VICE PRESIDENT, RESOLVE THE ISSUE WITH THE MANAGER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES THA'S RELATED ORGANIZAT ION, TORRANCE MEMORIAL MEDICAL CENTER'S (TMMC) BOARD OF TRUSTEES HAS ESTABLISHED A COMPENS ATION SUBCOMMITTEE (A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE) WHICH HAS AUTHORITY FOR THA TO REVIEW AND RECOMMEND THE COMPENSATION AND BENEFITS OF THE CEO AND KEY LEADERSHIP POSIT IONS OF THE CORPORATION THE COMPENSATION SUBCOMMITTEE IS RESPONSIBLE FOR PERIODIC EVALUAT ION OF THE PERFORMANCE OF THE PRESIDENT AND CONFERS WITH THE PRESIDENT CONCERNING THE PRES IDENT'S EVALUATION OF THE OTHER EXECUTIVE OFFICERS THE COMPENSATION SUBCOMMITTEE IS AN EN TIRELY INDEPENDENT COMMITTEE WITH RESPECT TO THE TRANSACTION THE COMPENSATION SUBCOMMITTE E RETAINS AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT PERIODIC REVIEWS OF THE TOTAL COMP ENSATION OF THE KEY LEADERSHIP POSITIONS (BASE COMPENSATION, OTHER INCENTIVES/BONUSES, AND BENEFITS) THE CONSULTANTS ARE INDEPENDENT AND ARE QUALIFIED TO ASSESS EXECUTIVE COMPENSA TION VALUATIONS IN REVIEWING AND ESTABLISHING COMPENSATION RECOMMENDATIONS, THE CONSULTAN TS COLLECT BACKGROUND INFORMATION ON THE SIZE AND COMPLEXITY OF OPERATIONS AND THE CORPORA TION THE PROCESS WAS LAST COMPLETED IN OCTOBER 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE ARRANGEMENTS TORRANCE HEALTH ASSOCIATION HAS TAKEN PART IN ONLY FOUR JOINT VENTURES TO DATE, TWO OF WHICH HAVE BEEN DISSOLVED MANAGEMENT TOOK ADEQUATE MEASURES TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS AND THE AGREEMENTS WERE REVIEWED BY LEGAL COUNSEL FOR ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTIONS THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE OFFICE OF THE SECRETARY OF STATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES TMMC EQUITY TRANSFER 17,500,001 TMIP ACO K-1 LOSS 198,556 ===== TOTAL 17,698,557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THIPA DIRECT MEDICAL COST TOTAL FEES 43623850

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THIPA CAPITATION EXPENSE TOTAL FEES 26539306

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PS OTHER TOTAL FEES 9314907

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROF FEES - OTHER TOTAL FEES 4762337

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THIPA PHYSICIAN INCENTIVE PRGM TOTAL FEES 4455067

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EMR SUPPORTING ONLY TMPN TOTAL FEES 899626

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT PAYMENTS TOTAL FEES 409267

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PS REPAIRS & MAINT TOTAL FEES 361550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EQUIPMENT RENTAL/LEASE TOTAL FEES 305607

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TOTAL X-RAY TOTAL FEES 229495

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION NON-CLINICAL REGISTRY TOTAL FEES 122250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TOTAL LABORATORY TOTAL FEES 69204

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PS REPAIRS & MAINT - CLINICAL TOTAL FEES 47000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROF FEES - TRANSCRIPTIONS TOTAL FEES 36932

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PS REPAIRS & MAINT - ANCILLARY TOTAL FEES 17064

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PS MEDICAL TOTAL FEES 12744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 979366

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Torrance Health Association

Employer identification number

33-0073515

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) OPTIMATRIX HEALTH SOLUTIONS INC 6500 WILSHIRE BLVD 9TH FL LOS ANGELES, CA 90048 95-4522779	INACTIVE	CA	NA	C-CORP				Yes	
(2) OTOHARMOMICS CORPORATION 411 SW 6TH AVE PORTLAND, OR 97204 46-1119421	HEALTHCARE	DE	NA	C-CORP				Yes	
(3) CENTINELA FREEMAN HOLDINGS INC 4650 LINCOLN BLVD MARINA DEL REY, CA 90292 59-3811890	REAL ESTATE	CA	NA	C-CORP				Yes	

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s 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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 3565 DEL AMO ASSOCIATES EIN 33-0554737 2175 PARK PLACE EL SEGUNDO, CA 90245 TORRANCE MEMORIAL SURGICAL CENTER, LLC I EIN 46-5259260 23560 CRENSHAW BLVD, STE 104 TORRANCE, CA 90505 ENDOSCOPY CENTER OF SANTA MONICA, LLC 11- 3652210 12400 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90025 ISS ASC HOLDINGS LLC 47-1890805 27271 LAS RAMBLAS STE 350 MISSION VIEJO, CA 92691 DEL REY SURGERY CENTER LLC 46-2305372 4640 ADMIRALTY WAY #1020 MARINA DEL REY, CA 90292 DEL REY SURGERY INVESTORS LLC 36-4756208 8700 BEVERLY BLVD LOS ANGELES, CA 90048 INTERNATIONAL SPINE & ORTHOPEDIC INSTITUTE, LLC 26-3738893 8500 W 110TH ST OVERLAND PARK, KS 66210 SANTA MONICA IMAGING GROUP, LLC 82-0760657 200 N ROBERTSON BLVD #101 BEVERLY HILLS, CA 90211 CS-BH ASC HOLDINGS, LLC 81-2246488 200 N ROBERTSON BLVD #101 BEVERLY HILLS, CA 90211

Schedule Form 9020

Additional Data

Software ID:
Software Version:
EIN: 33-0073515
Name: Torrance Health Association

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3330 LOMITA BLVD TORRANCE, CA 90505 95-1644042	HOSPITAL	CA	501(c)(3)	3	THA	Yes	
3330 LOMITA BLVD TORRANCE, CA 90505 95-3528452	FUNDRAISING	CA	501(c)(3)	7	THA	Yes	
8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048 95-1644600	HOSPITAL	CA	501(c)(3)	3	CSHS	Yes	
15821 VENTURA BLVD STE 520 ENCINO, CA 91436 95-4457756	FUNDRAISING	CA	501(c)(3)	12A	CSMC	Yes	
5836 WILSHIRE BLVD 3RD FL BEVERLY HILLS, CA 90211 95-4772979	RESEARCH	CA	501(c)(3)	7	CSMC	Yes	
6801 PARK TERRANCE LOS ANGELES, CA 90045 95-4707606	RESEARCH	CA	501(c)(3)	7	CSMCF	Yes	
2020 SANTA MONICA BLVD 4TH FL SANTA MONICA, CA 90404 95-4789926	RESEARCH	CA	501(c)(3)	PF	CSMCF	Yes	
4650 LINCOLN BLVD MARINA DEL REY, CA 90292 20-1645949	HEALTHCARE	CA	501(c)(3)	3	CSMC	Yes	
8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048 30-0990905	HEALTHCARE	CA	501(c)(3)	12C	NA		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Torrance Memorial Medical Center	a-iv,	2,917,013	ACTUAL
(1) Torrance Memorial Medical Center	k	483,921	ACTUAL
(2) Torrance Memorial Medical Center	p	573,972	ACTUAL
(3) Torrance Memorial Medical Center	q	6,774,367	ACTUAL
(4) Torrance Memorial Medical Center	s	17,500,001	ACTUAL
(5) Torrance Memorial Medical Center Health Fdn	e	3,000,000	ACTUAL
(6) Torrance Memorial Medical Center Health Fdn	r	180,000	ACTUAL
(7) Cedars-Sinai Medical Center	s	2,802,038	ACTUAL