

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
Pasadena Hospital Association Ltd

% SCOTT ARMSTRONG
Doing business as
Huntington Memorial Hospital

Number and street (or P O box if mail is not delivered to street address) Room/suite
100 WEST CALIFORNIA BLVD

City or town, state or province, country, and ZIP or foreign postal code
PASADENA, CA 91105

D Employer identification number
95-1644036

E Telephone number
(626) 397-5000

G Gross receipts \$ 786,337,462

F Name and address of principal officer
LORI J MORGAN MD MBA
100 WEST CALIFORNIA BLVD
PASADENA, CA 91105

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.huntingtonhospital.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1892 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT HUNTINGTON HOSPITAL, OUR MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND COMPASSIONATE SERVICE TO EACH PERSON BY BRINGING TOGETHER OUTSTANDING PHYSICIANS (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)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4,313
6 Total number of volunteers (estimate if necessary)	1,762
7a Total unrelated business revenue from Part VIII, column (C), line 12	11,083
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,572,639	27,569,246
9 Program service revenue (Part VIII, line 2g)	663,851,465	655,580,341
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,104,407	15,196,315
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,866,993	2,196,162
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	697,395,504	700,542,064
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	619,695	748,566
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)	363,972,300	361,104,007
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,435,551		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	334,227,227	317,130,790
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	698,819,222	678,983,363
19 Revenue less expenses Subtract line 18 from line 12	-1,423,718	21,558,701
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,022,618,747	1,107,235,142
21 Total liabilities (Part X, line 26)	437,382,732	534,964,758
22 Net assets or fund balances Subtract line 21 from line 20	585,236,015	572,270,384

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2019-11-12

LORI J MORGAN MD MBA PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2019-11-11 Check if self-employed PTIN: P00023315

Firm's name: ▶ ERNST & YOUNG US LLP Firm's 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 \$ 601,289,093 including grants of \$ 748,566) (Revenue \$ 655,852,221)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 601,289,093

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	647
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>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</p>	2a	4,313			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>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></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>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</p>			15	Yes	
<p>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</p>			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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
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		
8a	The governing body?	Yes	
8b	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.)

		Yes	No
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?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	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?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 SCOTT ARMSTRONG 100 WEST CALIFORNIA BLVD PASADENA, CA 91105 (626) 397-8596

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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	10,698,041	24,000	1,938,863

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 ▶ 946

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BERNARDS, 555 FIRST STREET SAN FERNANDO, CA 91340	CONSTRUCTION SVCS	7,097,992
HDR ARCHITECTURE INC, 8404 INDIAN HILLS OMAHA, NE 68114	ARCHITECTURAL SVCS	6,180,308
HKS INC, 350 N SAINT PAUL ST 100 DALLAS, TX 75201	ARCHITECTURAL SVCS	4,373,556
JACOBS PROJECT MANAGEMENT CO, PO BOX 888862 LOS ANGELES, CA 90088862	CONSTRUCTION MGMT	2,480,368
RYAN CONSTRUCTION INC, 1950 PORT BISHOP NEWPORT BEACH, CA 92660	CONSTRUCTION SVCS	1,850,283

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 ▶ 118

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	35,263			
	b Membership dues	1b				
	c Fundraising events	1c	275,400			
	d Related organizations	1d	4,972,672			
	e Government grants (contributions)	1e	1,684,234			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,601,677			
	g Noncash contributions included in lines 1a - 1f \$ _____		6,991,665			
	h Total. Add lines 1a-1f			27,569,246		

Program Service Revenue			Business Code				
	2a NET PATIENT SRVS REVENUE		622110	646,766,591	646,766,591	0	0
	b RENTAL INCOME		531120	2,917,603	2,917,603	0	0
	c PARKING REVENUE		812930	1,972,767	1,972,767	0	0
	d LABORATORY REVENUE		621511	682,450	682,450	0	0
	e MANAGEMENT SRVS REVENUE		541610	313,874	302,791	11,083	0
	f All other program service revenue			2,927,056	2,927,056		0
	g Total. Add lines 2a-2f			655,580,341			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,914,638			2,914,638
	4 Income from investment of tax-exempt bond proceeds			686,781			686,781
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	83,292,022	1,041,599				
	c Gain or (loss)	12,636,495	-1,041,599				
	d Net gain or (loss)			11,594,896			11,594,896
	8a Gross income from fundraising events (not including \$ 275,400 of contributions reported on line 1c) See Part IV, line 18	a	201,405				
	b Less direct expenses	b	306,571				
	c Net income or (loss) from fundraising events			-105,166			-105,166
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	1,786,810				
b Less cost of goods sold	b	1,155,206					
c Net income or (loss) from sales of inventory			631,604			631,604	
Miscellaneous Revenue		Business Code					
11a CONCIERGE SERVICES REVENUE		900099	1,377,622	0	0	1,377,622	
b MEDICAL STAFF REVENUE		900099	271,880	271,880	0	0	
c FOOD SERVICES		722310	20,222	0	0	20,222	
d All other revenue							
e Total. Add lines 11a-11d			1,669,724				
12 Total revenue. See Instructions			700,542,064	655,841,138	11,083	17,120,597	

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	501,702	501,702		
2 Grants and other assistance to domestic individuals See Part IV, line 22	176,027	176,027		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	70,837	70,837		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	10,280,471	0	10,198,112	82,359
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	248,390,375	220,574,437	26,863,267	952,671
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,545,516	14,652,178	1,809,617	83,721
9 Other employee benefits	64,439,251	57,870,213	6,201,454	367,584
10 Payroll taxes	21,448,394	19,264,897	2,093,138	90,359
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,615,360	0	1,615,360	0
c Accounting	798,842	0	798,842	0
d Lobbying	108,859	0	108,859	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	352,909	0	352,909	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	61,944,001	50,805,059	10,513,082	625,860
12 Advertising and promotion	1,144,848	56,155	1,087,571	1,122
13 Office expenses	28,320,603	22,912,755	4,943,109	464,739
14 Information technology	28,539,031	25,529,644	2,876,315	133,072
15 Royalties	0	0	0	0
16 Occupancy	17,927,808	16,170,219	1,687,531	70,058
17 Travel	645,368	280,602	242,118	122,648
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	628,999	330,923	219,747	78,329
20 Interest	7,419,994	6,570,908	811,540	37,546
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	19,834,052	18,009,664	1,754,543	69,845
23 Insurance	4,582,147	4,420,045	154,934	7,168
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	98,103,500	98,103,500	0	0
b HOSPITAL FEE PROGRAM	43,700,987	43,700,987	0	0
c FOOD/DAYCARE/CLINICAL/MED	694,469	694,469	0	0
d IMPAIRMENT CHARGES	28,045	28,045	0	0
e All other expenses	740,968	565,827	-73,329	248,470
25 Total functional expenses. Add lines 1 through 24e	678,983,363	601,289,093	74,258,719	3,435,551
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,386	1	10,813
	2 Savings and temporary cash investments	12,671,726	2	17,527,076
	3 Pledges and grants receivable, net	8,907,858	3	13,392,977
	4 Accounts receivable, net	99,580,515	4	108,888,397
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	139,639	5	794,689
	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	13,049,352	8	14,572,784
	9 Prepaid expenses and deferred charges	70,118,631	9	54,366,873
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 830,245,491		
	b Less accumulated depreciation	10b 380,474,832	423,130,853	10c 449,770,659
	11 Investments—publicly traded securities	339,400,347	11	394,879,059
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	2,060,802	13	927,668
	14 Intangible assets	2,957,809	14	2,957,809
	15 Other assets See Part IV, line 11	50,590,829	15	49,146,338
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,022,618,747	16	1,107,235,142	
Liabilities	17 Accounts payable and accrued expenses	71,612,204	17	88,263,266
	18 Grants payable	0	18	0
	19 Deferred revenue	46,074,151	19	31,813,219
	20 Tax-exempt bond liabilities	223,383,240	20	317,901,917
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	96,313,137	25	96,986,356
	26 Total liabilities. Add lines 17 through 25	437,382,732	26	534,964,758
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	476,490,539	27	462,022,379
	28 Temporarily restricted net assets	68,960,945	28	70,051,694
	29 Permanently restricted net assets	39,784,531	29	40,196,311
	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	585,236,015	33	572,270,384	
34 Total liabilities and net assets/fund balances	1,022,618,747	34	1,107,235,142	

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	700,542,064
2	Total expenses (must equal Part IX, column (A), line 25)	2	678,983,363
3	Revenue less expenses Subtract line 2 from line 1	3	21,558,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	585,236,015
5	Net unrealized gains (losses) on investments	5	-29,535,617
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	-4,988,715
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	572,270,384

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	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1644036

Name: Pasadena Hospital Association Ltd

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(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			
PAUL LH OUYANG BOARD OF DIRECTORS-CHAIR	1 0	X		X				0	0	0
JAYNIE STUDENMUND BOARD OF DIRECTORS-VICE CHAIR	1 0	X		X				0	0	0
WAYNE BRANDT BOARD OF DIRECTORS-SECRETARY	1 0	X		X				0	0	0
ARMANDO L GONZALEZ FAIA BOARD OF DIRECTORS-TREASURER	1 0	X		X				0	0	0
LORI J MORGAN MD MBA BD OF DIR/PRES/CEO/INTERIM CFO	55 0	X		X				1,125,728	0	80,644
JAMES S NOBLE BD OF DIR/CFO/PROV STR (PT YR)	55 0	X		X				542,971	0	16,421
STEPHEN A RALPH BD OF DIRECTORS-PRES EMERITUS	55 0	X		X				816,336	0	127,838
SHARON ARTHOFER BOARD OF DIRECTORS	1 0	X						0	0	0
WILLIAM J BOGAARD BOARD OF DIRECTORS	1 0	X						0	0	0
LOUISE HENRY BRYSON BOARD OF DIRECTORS	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE QUINONES CHINO BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
REED GARDINER BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
RONALD L HAVNER JR BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
CHRISTOPHER G HEDLEY MD BOARD OF DIRECTORS	1 0 0 0	X						60,000	0	0
R SCOTT JENKINS BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
PAUL JOHNSON BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
DAVID M KIRCHHEIMER BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
ELLEN LEE BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
LOLITA LOPEZ BOARD OF DIRECTORS (PART YEAR)	1 0 0 0	X						0	0	0
ALLEN W MATHIES JR MD BOARD OF DIRECTORS	1 0 0 0	X						0	24,000	21,867

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH GRAHAM OLSON BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
KATHLEEN KATHY GOOD PODLEY BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
JAMES SHANKWILER MD BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
ROSEMARY RARY SIMMONS DIRECTOR EMERITUS	1 0 0 0	X						0	0	0
K EDMUND TSE MD BOARD OF DIRECTORS	1 0 0 0	X						17,000	0	0
DEBORAH WILLIAMS BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
ROBERT Y YU BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
SCOTT A ARMSTRONG EXEC DIR FINANCE OPERATIONS	5 0 5 0				X			237,278	0	23,453
GAIL CINEXI VP ENTERPRISE CLINICAL SUPPORT	5 5 0 0 0				X			253,014	0	29,217
JOHN F GOEDERS VP STRATEGIC PLANNING/REVENUE	5 5 0 0 0				X			330,029	0	70,677

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SCOTT GROOM SVP, CIO	55 0 0 0				X				398,830	0	24,487
EUGENE E GUTIERREZ IV VP, FINANCE - PHA & CONGRESS S	25 0 30 0				X				368,809	0	43,375
JANE HADERLEIN SVP PHILANTHROPY & PR	55 0 0 0				X				507,563	0	529,645
DEBRA A ORTEGA CHRO & SVP ADMINISTRATIVE SVCS	55 0 0 0				X				367,399	0	373,845
GLORIA M SANCHEZ-RICO SVP & CHIEF NURSING OFFICER	55 0 0 0				X				372,076	0	66,300
GABRIELLA SHERMAN MD VP QUALITY & CLINICAL OPER	50 0 5 0				X				425,886	0	104,097
RAJINDER S TAKHAR SVP, STRAT & PROVIDER INTEGRAT	50 0 5 0				X				636,764	0	147,224
PAULA VERRETTE MD SVP & CMO QUALITY & PHYS SVCS	50 0 5 0				X				1,929,950	0	207,748
SAMUEL L BRENEISER EXEC DIR CONTRACT/PROV RELAT	40 0 0 0					X			251,450	0	12,945
ILIN OHANESSIANS DIR AMBOP, NEURO, REHAB	40 0 0 0					X			238,029	0	26,242

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
Pasadena Hospital Association Ltd

Employer identification number
95-1644036

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .		
	6		
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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 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 .		
	9c		
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.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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>		

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>		
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>		

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>		

Section D. All Type III Supporting Organizations

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

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>		
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>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.			

Additional Data

Software ID:

Software Version:

EIN: 95-1644036

Name: Pasadena Hospital Association Ltd

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Pasadena Hospital Association Ltd	Employer identification number 95-1644036
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	0
d Mailings to members, legislators, or the public?		No	0
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?	Yes		108,859
j Total Add lines 1c through 1i			108,859
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES PASADENA HOSPITAL ASSOCIATION PAID DUES OF \$73,308 AND \$351,640 TO THE CALIFORNIA HOSPITAL ASSOCIATION AND THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA, RESPECTIVELY OF THESE DUES, \$73,308 AND \$35,551 RESPECTIVELY, WERE ATTRIBUTABLE TO LOBBYING EXPENSES FOR HEALTHCRAE ISSUES

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
Pasadena Hospital Association Ltd

Employer identification number
95-1644036

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	151,216,655	143,584,070	140,883,835	136,386,305	124,827,213
b Contributions	1,231,164	5,490,913	6,064,407	9,138,016	12,976,801
c Net investment earnings, gains, and losses	-3,186,052	9,377,743	4,353,141	844,778	2,091,978
d Grants or scholarships					
e Other expenditures for facilities and programs	4,471,029	7,236,071	7,717,313	5,485,264	3,509,687
f Administrative expenses					
g End of year balance	144,790,738	151,216,655	143,584,070	140,883,835	136,386,305

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 43 480 %
 - b** Permanent endowment ▶ 27 760 %
 - c** Temporarily restricted endowment ▶ 28 760 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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				0
b Buildings				
c Leasehold improvements		487,313,957	216,439,759	270,874,198
d Equipment		258,646,543	164,035,073	94,611,470
e Other		84,284,991		84,284,991
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				449,770,659

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
PV GIFT ANNUITY & CRT	604,624
ACCRUED SELF INSURANCE CLAIMS	27,193,782
ACCRUED PENSION COST	66,022,434
CAPITAL LEASE & OTHER FINANCING	3,165,516
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	96,986,356

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: 95-1644036

Name: Pasadena Hospital Association Ltd

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS BOARD DESIGNATED ENDOWMENT CONSISTS OF THE FUNDS THAT OUR BOARD PUT ASIDE FOR CURRENT OR FUTURE PROJECTS TERM ENDOWMENT ARE THE FUNDS WE RECEIVED FROM RESTRICTED DONATIONS TO BE USED IN OPERATIONS PERMANENT ENDOWMENT FUNDS ARE KEPT IN OUR INVESTMENT PORTFOLIO AND WE USE THE INVESTMENT RETURN TO FUND OUR OPERATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC740) FOOTNOTE HMH HAS BEEN DETERMINED TO QUALIFY AS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE MOST OF THE INCOME RECEIVED BY THE GROUP IS EXEMPT FROM TAXATION, AS INCOME RELATED TO THE MISSION OF THE ORGANIZATION ACCORDINGLY, THERE IS NO MATERIAL PROVISION FOR INCOME TAXES FOR THESE ENTITIES HOWEVER, SOME OF THE INCOME RECEIVED BY THE EXEMPT ENTITIES IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME THE GROUP AND ITS AFFILIATES FILE FEDERAL AND STATE INCOME TAX RETURNS THE GROUP 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 GROUP HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE GROUP IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE GROUP BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ 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
Pasadena Hospital Association Ltd

Employer identification number
95-1644036

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					21,256,055
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					21,256,055

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Medical Assistance Trip	Sub-Saharan Africa	1,073	19,609	W Transfer	49,848	Med Supplies	FMV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS THE REQUESTING DEPARTMENT MONITORS THE EXPENSES ON A REGULAR BASIS TO CONFIRM THAT THE GRANTS' USE IS CONSISTENT WITH ITS INTENDED PURPOSE

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE AMOUNT OF THE INVESTMENTS IN PART I WAS DETERMINED USING MARKET VALUE

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART III, LINES 1	GRANTS WERE USED TO SUPPORT THE PHIL SIMON CLINIC TANZANIA PROJECT ACTIVITIES

Additional Data

Software ID:

Software Version:

EIN: 95-1644036

Name: Pasadena Hospital Association Ltd

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		21,172,478
Sub-Saharan Africa			Grantmaking		70,837

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program services	COMMUNITY DEVELOPMENT	12,740

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Name of the organization

Pasadena Hospital Association Ltd

Employer identification number

95-1644036

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		FALL FESTIVAL (event type)	(event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	476,805			476,805
	2 Less Contributions	275,400			275,400
	3 Gross income (line 1 minus line 2)	201,405			201,405
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,131			23,131
	7 Food and beverages	799			799
	8 Entertainment	3,600			3,600
	9 Other direct expenses	279,041			279,041
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				306,571
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-105,166	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Return Reference	Explanation
------------------	-------------

**SCHEDULE H
(Form 990)**

Department of the
Treasury
Internal Revenue Service
Name of the organization
Pasadena Hospital Association Ltd

Hospitals

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

Employer identification number
95-1644036

OMB No 1545-0047
2018
**Open to Public
Inspection**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1,621	6,818,322	2,258,599	4,559,723	0 670 %
b Medicaid (from Worksheet 3, column a)		28,594	135,782,924	100,688,880	35,094,044	5 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		30,215	142,601,246	102,947,479	39,653,767	5 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	652,265	6,181,955	5,485	6,176,470	0 910 %
f Health professions education (from Worksheet 5)	3	1,852	24,382,933	1,411,708	22,971,225	3 370 %
g Subsidized health services (from Worksheet 6)	5	10,367	7,519,303	563,607	6,955,696	1 200 %
h Research (from Worksheet 7)	1		1,671,218	332,100	1,339,118	0 200 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	1,345	544,685		544,685	0 080 %
j Total. Other Benefits	38	665,829	40,300,094	2,312,900	37,987,194	5 760 %
k Total. Add lines 7d and 7j	38	696,044	182,901,340	105,260,379	77,640,961	11 580 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	124	91,998	0	91,998	0 100 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	759	257,158	0	257,158	0 400 %
7 Community health improvement advocacy	1	90	12,732	0	12,732	0 %
8 Workforce development						
9 Other						
10 Total	4	973	361,888	0	361,888	0 500 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	13,242,409
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	121,485
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	136,812,887
6 Enter Medicare allowable costs of care relating to payments on line 5	6	159,220,050
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,407,163
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HASC(INDIRECT OWNER)	OUTPATIENT SURGERY	99 82 %		0 18 %
2 HOPIC	OUTPATIENT IMAGING	30 %		70 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

HUNTINGTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

HUNTINGTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

HUNTINGTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 HUNTINGTON AMBULATORY SURGERY CENTER 625 S FAIR OAKS AVE SUITE 380 PASADENA, CA 91105	AMBULATORY SURGERY CENTER
2 HUNTINGTON HOSPITAL CANCER CTRRAD ONCOL 625 S FAIR OAKS AVE SUITE 355 PASADENA, CA 91105	DIAGNOSTIC TREATMENT CENTER
3 HUNTINGTON OUTPATIENT IMAGING CENTER LLC 223 N 1ST AVE SUITE 201 ARCADIA, CA 91106	OUTPATIENT IMAGING CENTER
4 HUNTINGTON OUTPATIENT REHABILITATION 630 S RAYMOND AVE SUITE 120 PASADENA, CA 91105	REHABILITATION SERVICES
5 HUNTINGTON HOSPITAL SENIOR CARE NETWORK 100 W CALIFORNIA BLVD PASADENA, CA 91105	SOCIAL WORK SERVICES
6 PRE OP TESTING AND OP LABORATORY 625 S FAIR OAKS AVE SUITE 345 PASADENA, CA 91105	OUTPATIENT LABORATORY SERV CES
7 NEUROSCIENCES PROGRAM 625 S FAIR OAKS AVE SUITE 325 PASADENA, CA 91105	DIAGNOSTIC TREATMENT CENTE
8 OUTPATIENT CARDIOVASCULAR LABORATORY 625 S FAIR OAKS AVE SUITE 345 PASADENA, CA 91105	DIAGNOSTIC TREATMENT CENTE
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	WITH REGARDS TO DETERMINING ELIGIBILITY FOR CHARITABLE CARE, PASADENA HOSPITAL ASSOCIATION (PHA) HAS ESTABLISHED A STANDARD BY USING THE GROSS INCOME, THE FEDERAL POVERTY LEVELS, FAMILY SIZE, GEOGRAPHIC AREA AND OTHER PERTINENT FACTORS FOR FINANCIAL ASSISTANCE CONSIDERATION, (CHARITY CARE POLICY), MONETARY ASSETS ARE INCLUDED IN DETERMINING ELIGIBILITY THE FIRST TEN THOUSAND DOLLARS (\$10,000) OF A PATIENT'S MONETARY ASSETS SHALL NOT BE COUNTED IN DETERMINING ELIGIBILITY, NOR SHALL 50 PERCENT OF A PATIENT'S MONETARY ASSETS OVER THE FIRST TEN THOUSAND DOLLARS (\$10,000) BE COUNTED IN DETERMINING ELIGIBILITY DISCOUNTS UNDER OTHER FINANCIAL DISCOUNT POLICIES DO NOT COUNT MONETARY ASSETS IN DETERMINING ELIGIBILITY HOWEVER, THE FEDERAL POVERTY LEVEL CONTINUES AS A SIGNIFICANT THRESHOLD IN THE ELIGIBILITY PROCESS
SCHEDULE H, PART I, LINES 7A & 7B	MEDICAL CARE SERVICES PROVIDED TO CHARITY AND MEDI-CAL BENEFICIARIES RESULT IN SHORTFALLS FOR THE HOSPITAL THESE SHORTFALL COSTS ARE NET OF ANY APPLICABLE PAYMENTS RECEIVED FROM CHARITY OR MEDI-CAL THE METHOD FOR DETERMINING THESE SHORTFALLS IS BASED ON ACTUAL COSTS AS CALCULATED BY A COST ACCOUNTING SYSTEM THIS ROBUST COST ACCOUNTING SYSTEM PRIMARILY UTILIZES A RELATIVE VALUE UNIT (RVU) COSTING APPROACH WHICH IS CALCULATED USING A SIMULTANEOUS EQUATIONS METHODOLOGY THE COST ACCOUNTING SYSTEM INCLUDES ALL THE PATIENT TYPES (INPATIENT, OUTPATIENT & EMERGENCY) AND PAYORS (MEDICARE, MEDI-CAL, COMMERCIAL HMO, SENIOR HMO AND ALL OTHERS) SEEKING SERVICES AT THE HOSPITAL THE UNREIMBURSED MEDICAID PERCENTAGE OF TOTAL EXPENSE IS INDICATING AN DECREASE OVER THE PREVIOUS YEAR OF TY 12/31/17 (5 25% IN TY 12/31/17 COMPARED TO 5 15% IN TY 12/31/18) THIS SUPPLEMENTAL MEDI-CAL (CALIFORNIA MEDICAID) PROGRAM AIMED TO HELP CALIFORNIA HOSPITALS REGAIN SOME OF THE BILLIONS THEY LOST YEAR OVER YEAR DUE TO LOW MEDI-CAL REIMBURSEMENT RATES FOR TY 12/31/18, THE IMPACT OF THE HOSPITAL FEE PROGRAM WAS A \$3 7 MILLION GAIN WHICH WAS RECORDED BY HUNTINGTON MEMORIAL HOSPITAL THIS GAIN IS INCLUDED ON SCHEDULE H PART I LINE 7(B) IN THE COMING YEAR THIS GAIN WILL BE OFFSET WITH PROJECTED LOSES DUE TO THE CMS ANTICIPATED APPROVAL OF THE MEDI-CAL (MEDICAID) MANAGED CARE PORTION OF THIS PROGRAM SCHEDULE H, PART I, LINES 7E-7H THESE PROGRAMS AND OCCURRENCES DETERMINED THE NET COMMUNITY BENEFITS EXPENSES BY COMPILING THE TOTAL COMMUNITY EXPENSES LESS THE DIRECT OFFSETTING REVENUES (INCLUDING RESTRICTED GRANTS, IF APPLICABLE), ASSOCIATED WITH THESE ACTIVITIES IN ADDITION TO THE DIRECT EXPENSES, INDIRECT EXPENSES WERE INCLUDED TO ACCOUNT FOR OVERHEAD COSTS TO CONDUCT THE PROGRAMS THE METHOD USED IS THE "OTHER METHOD" BY CALCULATING DIRECT EXPENSES (WAGE AND NONWAGE EXPENSES) ATTRIBUTABLE TO THE RESPECTIVE PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7E, COLUMN B	THE NUMBER OF PERSONS SERVED FOR THE COMMUNITY HEALTH IMPROVEMENTS AND COMMUNITY BENEFITS OPERATION PROGRAMS INCLUDES THE NUMBER OF INDIVIDUALS VISITING THE PHA WEBSITE, AMONG OTHER RELATED PROGRAMS. EXAMPLES OF THESE OTHER PROGRAMS INCLUDES BREAST CANCER AWARENESS, HEALTH FAIRS, PROSTATE CANCER SUPPORT GROUPS, OSTOMY SUPPORT GROUPS AND SIMILAR PROGRAMS.
SCHEDULE H, PART I, LINE 7G	PHA SUBSIDIZED SOME CLINICS AND PROGRAMS RELATED TO LOW-INCOME TRAUMA, SENIOR AND PERINATAL POPULATIONS. THESE INCLUDED A TRAUMA INTERAGENCY COMMUNICATION PROGRAM/TRAINING, LOW-INCOME SENIOR CARE CLINICS, LOW-INCOME MEDICARE/MEDICAL CLINICS, LOW-INCOME PERINATAL CLINICS THAT EXPERIENCE SHORTFALLS FROM STATE FUNDED CARE COORDINATION ASSOCIATED WITH THE MULTIPURPOSE SENIOR SERVICES PROGRAM (MSSP) FOR LOW INCOME MEDICARE/MEDICAL POPULATIONS. NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS ARE INCLUDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	PHA PLAYS AN ACTIVE ROLE IN COMMUNITY COALITION BUILDING IN COLLABORATION WITH A BROAD RANGE OF COMMUNITY AND PUBLIC ORGANIZATIONS ENCOMPASSING THE PUBLIC SECTOR, THE FAITH COMMUNITY, AND PRIVATE BUSINESSES BEYOND HEALTH CARE, PHA PARTICIPATES IN DEVELOPMENT OF SOCIAL AND ECONOMIC PROGRAMS TO ENCOURAGE IMPROVEMENTS IN SAFETY AND LEADERSHIP TRAINING, RECREATIONAL ACTIVITIES, "NEIGHBORHOOD CLUBS" OFFERING ASSISTANCE TO SINGLE PARENTS AND ELDERLY RESIDENTS, INCREASED INVOLVEMENT OF PARENTS IN SCHOOL POLICIES, ETC SPECIFICALLY, TO HEALTH CARE RELATED COMMUNITY BUILDING OBJECTIVES, PHA ENGAGES IN ACTIVITIES THAT INCLUDE OFFERING AN AMBULATORY CARE CENTER TO UNDER-INSURED AND UNINSURED PERSONS, PROVIDING SPECIALIZED PROGRAMS AND SERVICES FOR SENIORS AND DISABLED PERSONS (SENIOR CARE NETWORK), PROVIDING DEDICATED, MULTI-SESSION COMMUNITY HEALTH EDUCATION PROGRAMS ON TOPICS SUCH AS HIGH BLOOD PRESSURE, DIABETES AND ASTHMA FOR CHILDREN AND THEIR FAMILIES AS WELL AS ADULTS, PROVIDING COMMUNITY HEALTH EDUCATION AND SUPPORT PROGRAMS FOR A VARIETY OF HEALTH CONDITIONS AND DISEASES, HOSTING FLU CLINICS, OFFERING A HEALTH SCIENCE LIBRARY AND PARTNERING WITH COMMUNITY ORGANIZATIONS THESE ACTIVITIES ILLUSTRATE HUNTINGTON MEMORIAL HOSPITAL'S COMMITMENT TO SUPPORTING AND BUILDING THE COMMUNITY
SCHEDULE H, PART III, SECTION A, LINE 2	REGARDING PHA BAD DEBT, PHA RECORDS ITS PROVISION FOR DOUBTFUL ACCOUNTS BASED ON HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES THE PROVISION FOR DOUBTFUL ACCOUNTS ARE RECORDED NET OF ANY PAYMENTS, CONTRACTUAL ALLOWANCES AND DISCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	WITH REGARDS TO AN ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS POSSIBLY ELIGIBLE FOR FINANCIAL ASSISTANCE PHA CONDUCTED THIS ESTIMATE BY USING THE BAD DEBT WRITE-OFFS POSTED TO THE RESPECTIVE TRENDED YEARS AND IDENTIFIED THE BAD DEBT SUBSEQUENTLY RECLASSIFIED TO CHARITY THE AVERAGE OF THE AMOUNTS FOR THE PREVIOUS FIVE YEARS YIELDED APPROXIMATELY 0 83 PERCENT THIS PERCENTAGE WAS APPLIED TO THE 2018 TOTAL NET BAD DEBT EXPENSE REPORTED IN PART III, LINE 2 TO ESTIMATE THE PORTION OF BAD DEBT THAT POTENTIALLY COULD QUALIFY FOR CHARITY IN FUTURE YEARS THE PATIENT IS PROVIDED INFORMATION VIA HOSPITAL NOTIFICATION AT THE REGISTRATION POINTS OF ACCESS ADDITIONALLY, THE HOSPITAL PROVIDES THE PATIENT WITH INFORMATION ON THE ELIGIBILITY OPTION AND APPLICATION WITH THE FIRST TWO HOSPITAL STATEMENTS ALONG WITH THE PROVISION OF A LINK VIA THE HOSPITAL WEBSITE INFORMATION IS ALSO INDICATED ON THE PATIENT STATEMENT WHICH INCLUDE A PATIENT FRIENDLY SUMMARY OF THE OPTION AND THE PROCESS THIS IS ALSO THE SAME INFORMATION PROVIDED ON THE STATE OSHPD WEBSITE (FAP, FAA AND PLAIN LANGUAGE SUMMARY)
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT THE FOOTNOTES TO THE PHA FINANCIAL STATEMENTS INCLUDE A BAD DEBT FOOTNOTE THAT CAN BE FOUND ON PAGE 23 OF THE AUDITED FINANCIAL STATEMENTS ATTACHED TO THIS RETURN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	(A) THE MEDICARE SHORTFALL INCURRED BY PHA IS A COMMUNITY BENEFIT BECAUSE THE HOSPITAL PROVIDES NEEDED ACUTE, REHABILITATIVE, PSYCHIATRIC, OUTPATIENT AND TRAUMA CARE TO ASSIST ELDERLY AND DISABLED ADULTS RETURN TO GOOD HEALTH, ALL WHILE BEING PAID REIMBURSEMENT RATES FROM MEDICARE THAT COVER ONLY A FRACTION OF THE COST OF PROVIDING SUCH CARE THE REPORTED MEDICARE SHORTFALL AMOUNT IS CONSISTENT WITH THE FILED COST REPORT AND IS NET OF DIRECT GRADUATE MEDICAL EDUCATION REVENUES AND COSTS REFLECTED IN PART I (B) THE MEDICARE COST REPORT CALCULATES MEDICARE COSTS FOR ACUTE CARE HOSPITALS USING RATIOS OF COST-TO-CHARGES AND CALCULATED PER DIEM AVERAGE
SCHEDULE H, PART III, LINE 9B	PHA DOES NOT PURSUE COLLECTION OF AMOUNTS FOR CARE WITHOUT CHARGE TO PATIENTS WHO MEET CERTAIN CRITERIA AND ARE KNOWN TO QUALIFY FOR CHARITY CARE UNINSURED PATIENTS ARE AUTOMATICALLY EXTENDED COURTESY DISCOUNTS ON ALL INPATIENT AND EMERGENCY SERVICES TO PATIENTS WHO MEET CERTAIN LOW-INCOME GUIDELINES BUT ARE NOT ELIGIBLE FOR CHARITY CARE THE CHARITY POLICY AND PROCEDURE SEEKS TO DIFFERENTIATE BETWEEN PATIENTS WHO DEMONSTRATE AN INABILITY TO PAY, VERSUS BAD DEBT, WHICH IS THE UNWILLINGNESS OF THE PATIENT TO PAY THE COURTESY DISCOUNT AVERAGES APPROXIMATELY 70% OF GROSS CHARGES THE BALANCE (APPROXIMATELY 30% OF GROSS CHARGE) IS BILLED TO THE PATIENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT PHA PERFORMS A COMMUNITY NEEDS ASSESSMENT EVERY 3 YEARS, IN ACCORDANCE WITH CALIFORNIA COMMUNITY BENEFITS LEGISLATION FOR NOT-FOR-PROFIT HOSPITALS REVIEW AND ANALYSIS OF HEALTH-RELATED DATA, COMPARED WITH NATIONAL BENCHMARKS AND REGIONAL EXPERIENCES, COMBINED WITH CONSULTATION WITH COMMUNITY LEADERS AND REPRESENTATIVES OF LOCAL AGENCIES, ARE CONSIDERED IN IDENTIFYING THE TOP HEALTH ISSUES AND OPPORTUNITIES FOR IMPROVEMENT TO ARRIVE AT THE COMMUNITY NEEDS USED IN DETERMINING THE COMMUNITY BENEFITS PLAN FURTHERMORE, IN ACCORDANCE WITH THE FEDERAL SECTION 501(R) REQUIREMENTS, PHA HAS COMPLETED THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THE HOSPITAL'S SERVICE AREA OF GREATER PASADENA
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION PROVIDES EDUCATION TO PATIENTS ABOUT ELIGIBILITY FOR ASSISTANCE IN SEVERAL WAYS FINANCIAL COUNSELORS ARE ON HAND TO EVALUATE PATIENTS FOR THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS, OR THE HOSPITAL'S CHARITY CARE AND DISCOUNT POLICIES, AND FACILITATE APPLICATION FOR ASSISTANCE PATIENTS WHO ARE UNINSURED ARE GIVEN A NOTICE AT THE TIME OF ADMISSION/REGISTRATION, AND THE HOSPITAL POSTS NOTICES INFORMING PATIENTS OF ITS CHARITY CARE POLICY ADDITIONALLY, THE HOSPITAL'S WEBSITE POSTS PAYMENT OPTIONS AND ALTERNATIVES AVAILABLE TO PATIENTS WITHOUT HEALTHCARE COVERAGE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION PHA, LOCATED IN PASADENA, DEFINES THE "COMMUNITY" IT SERVES FOR PURPOSES OF NEEDS ASSESSMENT TO INCLUDE THE SERVICE AREA OF PASADENA, ALTADENA, SAN MARINO, AND SOUTH PASADENA THE SERVICE AREA POPULATION IS ESTIMATED AT 236,423 AS OF 2016 WHICH IS APPROXIMATELY 2 3% OF THE ENTIRE POPULATION OF LOS ANGELES IN COMPARISON TO LOS ANGELES COUNTY, THE SERVICE AREA HAS A HIGHER PROPORTION OF PERSONS AGE 18-64 YEARS, AND 65 YRS AND OLDER, PERSONS OF WHITE, ASIAN AND BLACK RACES, PERSONS SPEAKING ENGLISH AT HOME, ADULTS WITH SOME COLLEGE TO A COLLEGE DEGREE, AND EMPLOYED PERSONS THE HOSPITAL HAD 18 5% OF THE PATIENT DISCHARGES HAVING MEDICAID OR WERE UNINSURED FOR THE FY 12/31/16, DESPITE HAVING A LOWER PROPORTION OF FAMILIES WITH INCOMES BELOW THE POVERTY LEVEL AT 7 4% WITHIN THE GREATER PASADENA, WHEN COMPARED TO LOS ANGELES COUNTY, AS OF 2016 HEART DISEASE AND CANCER WERE THE TOP TWO LEADING CAUSES OF DEATH IN THE SERVICE AREA IN THE SAN GABRIEL VALLEY, 19 3% OF CHILDREN AND TEENS HAD ASTHMA IN 2013-14, WHICH WAS HIGHER THAN CALIFORNIA (15%) PHA IS THE ONLY HOSPITAL FACILITY WITHIN THE GREATER PASADENA AREA (CHNA SERVICE AREA), HOWEVER, PHA IS ONE OF 16 ACUTE CARE HOSPITALS WITHIN THE SAN GABRIEL VALLEY AND THE ONLY TRAUMA FACILITY WITHIN IN THIS SAME GEOGRAPHIC AREA
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH PHA HAS AN OPEN MEDICAL STAFF, AND A COMMUNITY BOARD (BOARD OF DIRECTORS COMPOSED OF COMMUNITY MEMBERS) THE HOSPITAL CONDUCTS NUMEROUS ACTIVITIES THAT CONTRIBUTE TO PROMOTING THE HEALTH OF THE COMMUNITY IN ADDITION TO PROVIDING CHARITY CARE FOR PATIENTS WITHOUT THE ABILITY TO PAY FOR NECESSARY TREATMENT, ABSORBING UNPAID COSTS OF CARE FOR PATIENTS WITH MEDI-CAL AND MEDICARE, OPERATING AN EMERGENCY ROOM ON A 24-HOUR BASIS, AND OFFERING AN AMBULATORY CARE CLINIC TO SERVE UNDER-INSURED AND UNINSURED PERSONS, THE HOSPITAL IS DEDICATED TO PROVIDING SPECIALIZED PROGRAMS AND SERVICES FOR SENIORS AND DISABLED PERSONS, PROVIDING COMMUNITY HEALTH EDUCATION, PREVENTION, AND SUPPORT PROGRAMS FOR A VARIETY OF HEALTH CONDITIONS AND DISEASES, HOSTING FLU CLINICS, OFFERING A CENTER FOR HEALTH EVIDENCE AND GRADUATE MEDICAL EDUCATION, AND PARTNERING WITH COMMUNITY ORGANIZATIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT IN ACCORDANCE WITH CALIFORNIA SENATE BILL 697, COMMUNITY BENEFITS LEGISLATION, PHA, A PRIVATE NOT-FOR-PROFIT HOSPITAL, HAS SUBMITTED A COMMUNITY BENEFITS PLAN FOR FISCAL YEAR 2018 (JANUARY 1 TO DECEMBER 31) SENATE BILL 697 REQUIRES A NOT-FOR-PROFIT HOSPITAL IN CALIFORNIA TO COMPLETE THE FOLLOWING ACTIVITIES - REVIEW AND REAFFIRM ITS MISSION STATEMENT TO ENSURE THAT IT'S POLICIES INTEGRATE AND REFLECT THE PUBLIC INTEREST IN MEETING ITS RESPONSIBILITIES - COMPLETE AND UPDATE A NEEDS ASSESSMENT EVERY THREE YEARS, EVALUATING THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL - ADOPT AND FILE A COMMUNITY BENEFITS PLAN ANNUALLY, DOCUMENTING ACTIVITIES THAT THE HOSPITAL HAS UNDERTAKEN TO ADDRESS COMMUNITY NEEDS WITHIN ITS MISSION AND FINANCIAL CAPACITY, AND TO THE EXTENT PRACTICABLE, ASSIGN AND REPORT THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FURTHERANCE OF ITS PLAN

Additional Data**Software ID:****Software Version:****EIN:** 95-1644036**Name:** Pasadena Hospital Association Ltd**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	HUNTINGTON MEMORIAL HOSPITAL 100 WEST CALIFORNIA BLVD PASADENA, CA 91105 WWW.HUNTINGTONHOSPITAL.ORG 930000372	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	THE PRIORITIZATION PROCESSES USED FOR SIGNIFICANT HEALTH NEEDS ARE PRESENTED IN BOTH THE 2016 CHNA AND 2017 - 2019 IMPLEMENTATION STRATEGY FOR A DESCRIPTION OF THE PROCESS SEE PAGES 58-60 OF THE 2016 CHNA AVAILABLE AT THE FOLLOWING WEBSITE HTTP //WWW HEALTHYPASADENA ORG/CONTENT/SITES/PASADENA/2016/FINAL_2016_CHNA PDF

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>HUNTINGTON HOSPITAL AND THE PASADENA PUBLIC HEALTH DEPARTMENT (PPHD) ARE PLEASED TO PRESENT THE FIRST JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT FOR GREATER PASADENA. THIS REPORT DESCRIBES FINDINGS FROM A SYSTEMATIC, YEAR-LONG CHNA PROCESS THAT WAS CONDUCTED COLLABORATIVELY IN ORDER TO PROVIDE INSIGHT INTO THE HEALTH STATUS AND NEEDS OF THE RESIDENTS OF THE GREATER PASADENA AREA. DATA PRESENTED IN THIS REPORT SPAN A WIDE RANGE OF TOPICS RELATED TO COMMUNITY WELL-BEING, INCLUDING DISEASE RATES, RISK FACTORS FOR DISEASE AND DEATH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS OF HEALTH. COMMUNITY FEEDBACK (PRIMARY QUALITATIVE DATA) WAS COLLECTED AS AN IMPORTANT COMPONENT OF THE NEEDS ASSESSMENT. FIRST, TEN SEMI-STRUCTURED KEY INFORMANT INTERVIEWS WERE CONDUCTED IN ORDER TO IDENTIFY AND CONFIRM SIGNIFICANT COMMUNITY HEALTH ISSUES. THE DATA FROM THESE INTERVIEWS WITH COMMUNITY STAKEHOLDERS HELPED TO ENSURE THAT QUANTITATIVE DATA WERE COLLECTED, WHEN AVAILABLE, IN THOSE ISSUE AREAS. THE FINDINGS FROM THE INTERVIEWS WERE ALSO USED TO IDENTIFY OTHER KNOWLEDGEABLE COMMUNITY MEMBERS TO PARTICIPATE IN INTERVIEWS AND PROVIDE FEEDBACK ON THE DESIGN OF THE HEALTH ASSESSMENT. THE SECOND METHOD FOR OBTAINING COMMUNITY FEEDBACK WAS TO CONDUCT A LARGE COMMUNITY STAKEHOLDER MEETING. AT THE MEETING, THE PRELIMINARY DATA ANALYSIS WAS PRESENTED BY THE CHNA PLANNING TEAM, AND STAKEHOLDERS PROVIDED INPUT ON GAPS IN DATA, QUALITY OF DATA, ADDITIONAL SOURCES OF DATA IN THE COMMUNITY, AND THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. THE PASADENA PUBLIC HEALTH DEPARTMENT (PPHD) GATHERED QUALITATIVE DATA THROUGH KEY INFORMANT INTERVIEWS AND A COMMUNITY STAKEHOLDER MEETING. TEN IN-PERSON KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH KNOWLEDGEABLE COMMUNITY MEMBERS WHO PROVIDED FEEDBACK ON SOCIAL AND HEALTH TOPICS. THE COMMUNITY STAKEHOLDER MEETING HELD AT HUNTINGTON HOSPITAL HAD FORTY-NINE PARTICIPANTS. PARTICIPANTS INCLUDED REPRESENTATIVES FROM HEALTH CARE ORGANIZATIONS, MENTAL HEALTH AGENCIES, SOCIAL SERVICE ORGANIZATIONS, LOCAL GOVERNMENT, THE PUBLIC SCHOOL DISTRICT, AND OTHER INTERESTED PROFESSIONALS AND COMMUNITY MEMBERS FAMILIAR WITH THE HEALTH NEEDS OF THE GREATER PASADENA COMMUNITY. A GROUP OF HEALTH AND SOCIAL SERVICE PROFESSIONALS WITH SPECIFIC CLINICAL AND COMMUNITY KNOWLEDGE PARTICIPATED IN A REVIEW AND DISCUSSION OF THE FINDINGS OF THE PRELIMINARY DATA ANALYSIS. IN A FACILITATED PRIORITIZATION SESSION, PARTICIPANTS RATED EACH HEALTH TOPIC AREA BASED ON CRITERIA REFLECTING THE HOSPITAL'S MISSION, VALUES, STRENGTHS, AND RESOURCES. THE SIX HIGHEST RATED AREAS OF NEED WERE - ACCESS TO CARE - HEART DISEASE AND STROKE - CHILD AND ADOLESCENT HEALTH - MENTAL HEALTH - OLDER ADULTS AND AGING - EXERCISE, NUTRITION AND WEIGHT. THE FOLLOWING VULNERABLE POPULATIONS WERE IDENTIFIED BY THE KEY INFORMATION INTERVIEWS: PERSONS LIVING IN POVERTY, SPANISH SPEAKERS AND PERSONS OF COLOR, RESIDENTS LIVING IN NORTHWEST PASADENA, CHILDREN AND YOUTH, AND PERSONS EXPOSED TO TRAUMA.</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>OR WITH MENTAL HEALTH CONDITIONS THE KEY ORGANIZATIONS PROVIDING COMMUNITY INPUT INTO THE CHNA AND THE POPULATIONS SERVED INCLUDES ORGANIZATION TYPE/POPULATIONS SERVED 1 FAITH-BASED ORGANIZATION/FAITH COMMUNITY 2 AMBULATORY CARE CLINIC/MEDICALLY UNDERSERVED ADULTS 3 MATERNAL CARE MANAGEMENT PROGRAM (CLIENT)/EXPECTANT AFRICAN AMERICAN MOTHERS AND FAMILIES 4 YOUTH-ADVOCACY NON-PROFIT/YOUTH, AT-RISK YOUTH FOR ALCOHOL AND OTHER DRUGS ABUSE 5 GOVERNMENTAL CHILD SERVICES AGENCY/YOUTH, FAMILIES, AT-RISK CHILDREN AND FAMILIES 6 BEHAVIORAL AND MENTAL HEALTHCARE AGENCY/MENTAL HEALTH MEDICALLY UNDERSERVED 7 PASADENA COMMUNITY ADVOCATE/PASADENA COMMUNITY 8 LOCAL SCHOOL DISTRICT (STAFF)/YOUTH 9 LOCAL SCHOOL DISTRICT (PARENT)/YOUTH, PASADENA COMMUNITY 10 YOUTH AND FAMILY SERVICES NON-PROFIT/YOUTH, FAMILIES, MEDICALLY UNDERSERVED THE INPUT FROM THESE ORGANIZATIONS WAS PROVIDED DURING THE PERIOD OF FEBRUARY THROUGH MAY OF 2016</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	HUNTINGTON HOSPITAL CONDUCTED THE 2016 CHNA IN PARTNERSHIP WITH THE PASADENA PUBLIC HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	HOSPITAL FACILITY'S WEBSITE HTTP //WWW HUNTINGTONHOSPITAL ORG/COMMUNITY/COMMUNITY-BENEFIT ASPX

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7B	OTHER WEBSITE HTTP //WWW HEALTHYPASADENA ORG/CONTENT/SITES/PASADENA/2016/FINAL_2016_CHNA PDF

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	HOSPITAL FACILITY'S WEBSITE HTTP //WWW HUNTINGTONHOSPITAL ORG/COMMUNITY/COMMUNITY-BENEFIT ASPX OTHER WEBSITE HTTP //WWW HEALTHPASADENA ORG/CONTENT/SITES/PASADENA/HH_2016_IMPLEMENTATI ON_STRATEGY PDF

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>BASED ON THE RESULTS OF THE PRIORITIZATION PROCESS, THE HUNTINGTON HOSPITAL CHNA WORKGROUP AND THE EXECUTIVE MANAGEMENT TEAM DETERMINED THAT THE HOSPITAL'S FOUR PRIORITIES FOR THE NEXT THREE YEARS, 2017-2019, WILL BE - ACCESS TO CARE, WITH A FOCUS ON IMPROVING ACCESS TO PRIMARY AND SPECIALTY CARE SERVICES, AND STRENGTHENING THE CONTINUUM OF CARE - HEART DISEASE AND STROKE, WITH A FOCUS ON INCREASING AWARENESS THROUGH EDUCATION AND PATIENT SUPPORT - CHILD AND ADOLESCENT HEALTH, WITH A FOCUS ON PROVIDING OUTPATIENT ASTHMA SPECIALTY CARE, AND ADDRESSING THE EFFECTS OF TRAUMA ON LIFELONG HEALTH - OLDER ADULTS AND AGING, WITH A FOCUS ON SUPPORTING INDEPENDENCE</p> <p>1 ACCESS TO HEALTH CARE SERVICES GOAL IMPROVE ACCESS TO HEALTH CARE FOR UNINSURED AND UNDERINSURED RESIDENTS OF GREATER PASADENA STRATEGIES TO MEET NEED - PROVIDE NAVIGATION ASSISTANCE TO OBTAIN HEALTH INSURANCE OR SERVICES AVAILABLE - PROVIDE HEALTHCARE OUTREACH - OFFER AFFORDABLE, HIGH-QUALITY PRIMARY AND SPECIALTY HEALTHCARE TO THE UNDER-SERVED POPULATION - BRING PERIODIC MEDICAL CLINICS INTO THE COMMUNITY TO SUPPLEMENT EXISTING SERVICES TO REACH ADULT UNDERSERVED RESIDENTS - ENABLE SHARED ACCESS OF ELECTRONIC HEALTH RECORD (EHR) VIA HEALTH INFORMATION EXCHANGE (HIE) PROGRAMS AND SERVICES OFFERED HUNTINGTON HOSPITAL OFFERED MULTIPLE PROGRAMS TO PROVIDE NAVIGATION ASSISTANCE TO OBTAIN HEALTH INSURANCE OR SERVICES AVAILABLE INCLUDING</p> <ul style="list-style-type: none"> o AN ON-SITE MEDICAL ELIGIBILITY WORKER WAS AVAILABLE TO ASSIST PATIENTS WHO QUALIFIED TO ENROLL FOR HEALTH INSURANCE COVERAGE o THROUGHOUT THE YEAR, REGISTERED NURSES FROM THE COMMUNITY OUTREACH DEPARTMENT ATTENDED COMMUNITY HEALTH FAIRS AND EVENTS, PROVIDING INFORMATION ON ENROLLMENT IN HEALTH INSURANCE OPTIONS o COMMUNITY MEMBERS TELEPHONED A DEDICATED NUMBER OR VISITED THE HOSPITAL'S WEBSITE FOR FREE PHYSICIAN, SERVICE OR FACILITY REFERRALS (15,396 TELEPHONE CALLS AND CHATS HANDLED IN FISCAL YEAR 2018) o HUNTINGTON HOSPITAL'S SENIOR CARE NETWORK RESOURCE CENTER SERVED THE COMMUNITY THROUGH THE FOLLOWING PROGRAMS AND SERVICES - OFFERING A FREE 50+ HEALTH CONNECTION MEMBERSHIP PROGRAM (9,317 MEMBERS) - RESPONDING TO 2,772 TELEPHONE INQUIRIES BY AND 62 WALK-IN CONSULTATIONS - ASSISTING 1,845 PATIENTS IDENTIFIED BY THE RESOURCE CENTER HOSPITAL LIAISON AND OTHER STAFF WITH POST-DISCHARGE FOLLOW-UP AND AS-NEEDED ASSISTANCE WITH CARE TRANSITIONS - OFFERING 21 NOON-HOUR LECTURES ON TOPICS SUCH AS EARTHQUAKE READINESS, MINDFULNESS AND GRATITUDE, GETTING A GOOD NIGHT'S SLEEP, WISDOM AND FREEDOM OF AGING, REDUCING RISKS FOR CONDITIONS SUCH AS HEART DISEASE, BREAST CANCER, AND COLON CANCER, SOLUTIONS TO HEARING PROBLEMS, ATTENTION TO OUR SIGHT, ADVANCES IN STROKE CARE, MEMORY, UPDATE ON ALZHEIMER'S DISEASE RESEARCH AND TREATMENT, STAYING ACTIVE AT ANY AGE, ANKLE PAIN IN THE ACTIVE INDIVIDUAL, KEEPING YOUR FEET HAPPY AND HEALTHY, ORAL HEALTH, MOVEMENT DISORDERS, PAIN MANAGEMENT AND OPIOID ABUSE, AND HAIR LOSS (ATTENDED BY 895 PERSONS) - DISTRIBUTING TWO 50+ HE

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>ALTH CONNECTION NEWSLETTERS, INCLUDING INFORMATION AND ADVICE ABOUT AGING AND DISEASE MANAGEMENT AS WELL AS AN EVENTS CALENDAR AND DESCRIPTION OF ONGOING PROGRAMS AND A SEPARATE EVENTS CALENDAR - ATTENDING TEN PASADENA SENIOR COMMISSION MEETINGS - ATTENDING EIGHT SAN GABRIEL VALLEY END-OF-LIFE CARE COALITION MEETINGS TO EMPOWER MEMBERS OF THE COMMUNITY TO ENJOY THE HEALTHIEST LIFESTYLES POSSIBLE, REGISTERED NURSES FROM THE COMMUNITY OUTREACH DEPARTMENT CONDUCTED FREE TWO-HOUR HEALTH SCREENINGS AND COUNSELING AT 17 DIFFERENT SCREENING CLINICS ON ALTERNATING DAYS EACH MONTH, SCREENING 1,750 PERSONS THESE HEALTH SCREENINGS/COUNSELING LOCATIONS INCLUDED PASADENA SENIOR CENTER, ALTADENA SENIOR CENTER, SOUTH PASADENA SENIOR CENTER, JACKIE ROBINSON COMMUNITY CENTER, VILLA PARKE COMMUNITY CENTER, VILLAPARKE FARMER'S MARKET, FOOTHILL UNITY CENTER - PASADENA AND MONROVIA, PASADENA CENTRAL LIBRARY, CROWELL PUBLIC LIBRARY, CLEVELAND ELEMENTARY SCHOOL, MADISON ELEMENTARY SCHOOL, ROOSEVELT ELEMENTARY SCHOOL, WASHINGTON STEAM MAGNET ACADEMY, SOUTH PASADENA HIGH SCHOOL, HARAMBEE MINISTRIES SCHOOL, ART CENTER COLLEGE OF DESIGN, OPERATING ENGINEERS TRUST FUND, PILGRIM TOWERS SENIOR APARTMENTS, CONCORD SENIOR APARTMENTS, CAVALRY PRESBYTERIAN CHURCH, FRIENDS IN DEED, AND PACIFIC CLINICS SCHEDULES OF THESE FREE HEALTH COUNSELING AND SCREENINGS BY REGISTERED NURSES WERE PUBLISHED IN ENGLISH, SPANISH AND CHINESE THROUGHOUT THE YEAR, REGISTERED NURSES FROM THE COMMUNITY OUTREACH DEPARTMENT ATTENDED COMMUNITY HEALTH FAIRS AND EVENTS, PROVIDING A VARIETY OF SERVICES INCLUDING BLOOD GLUCOSE SCREENINGS, BLOOD PRESSURE SCREENINGS, AND BODY MASS INDEX (BMI) MEASUREMENTS IN FISCAL YEAR 2018, 130 PERSONS WERE SCREENED AND COUNSELED AT FOUR HEALTH FAIRS IN FISCAL YEAR 2018, COMMUNITY OUTREACH DEPARTMENT NURSES OFFERED 12 HEALTH-RELATED CLASSES IN ENGLISH, SERVING 190 PERSONS TOPICS COVERED (WITH DATES AND COMMUNITY LOCATIONS) INCLUDED AGELESS BENEFITS OF EXERCISE AND CHAIR YOGA CLASS (OFFERED JANUARY 17 AT CROWELL LIBRARY), THE SCOOP ON POOP - CONSTIPATION (OFFERED JANUARY 31 AT PILGRIM TOWERS NORTH), HEALTHY HEART (OFFERED FEBRUARY 1 AT PASADENA SENIOR CENTER, FEBRUARY 28 AT CROWELL LIBRARY, AND APRIL 18 AT SOUTH PASADENA SENIOR CENTER), FOOD FOR THOUGHT (OFFERED MARCH 15 AT PACIFIC CLINICS), FLU BUSTERS - SEASONAL INFLUENZA (OFFERED MARCH 21 AT CALVARY PRESBYTERIAN CHURCH, JUNE 29 AT JACKIE ROBINSON COMMUNITY CENTER, AUGUST 28 AT PILGRIM TOWERS NORTH, AND SEPTEMBER 27 AT CROWELL LIBRARY), HYPERTENSION THE SILENT KILLER (OFFERED APRIL 10 AT HUNTINGTON HOSPITAL-STROKE DEPARTMENT AND JULY 12 AT PASADENA SENIOR CENTER) IN ADDITION, 44 CHAIR YOGA CLASSES WERE OFFERED AT VARIOUS COMMUNITY LOCATIONS THROUGHOUT THE YEAR, SERVING 501 PERSONS IN FISCAL YEAR 2018, HUNTINGTON HOSPITAL HELD EIGHT COMMUNITY CLINICS - AT LOCAL SCHOOLS, FOOD PANTRIES AND COMMUNITY CENTERS CLINICS WERE OFFERED IN MARCH, APRIL (THREE DIFFERENT DATES AND LOCATIONS), MAY, JUNE, SEPTEMBER AND NOVEMBER</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>, SERVING 61 PERSONS IN FISCAL YEAR 2018 DURING EACH OF THESE CLINICS, COMMUNITY OUTREACH TEAM MEMBERS - IN PARTNERSHIP WITH HACC AND THE GRADUATE MEDICAL EXAM PROGRAM - CONDUCTED MEDICAL EXAMS AND TESTS (INCLUDING BLOOD PRESSURE AND BLOOD GLUCOSE), PROVIDED VITAL HEALTH EDUCATION, DISCUSSED HEALTH INSURANCE OPTIONS, AND ARRANGED FOR PATIENTS TO OBTAIN FOLLOW-UP CARE AT HACC HUNTINGTON AMBULATORY CARE CLINIC, STAFFED BY THE HOSPITAL'S INTERNAL MEDICINE RESIDENTS, PROVIDED PRIMARY AND SPECIALTY CARE FOR UNINSURED AND UNDERINSURED RESIDENTS, PROVIDING 5,876 VISITS IN FISCAL YEAR 2018 FOR PATIENTS' URGENT CARE NEEDS, HUNTINGTON HOSPITAL AFFILIATED WITH EXER MORE THAN URGENT CARE PASADENA STAFFED BY THE SAME PHYSICIANS WHO WORK IN THE HOSPITAL'S EMERGENCY ROOM EXER PASADENA OFFERS ADVANCED URGENT CARE INCLUDING ON-SITE LABORATORY, IMAGING AND PHARMACY SERVICES HUNTINGTON HOSPITAL'S EMERGENCY AND TRAUMA CENTER IS THE SOLE PROVIDER OF EMERGENCY SERVICES IN PASADENA, PROVIDING 7 5,866 VISITS IN FISCAL YEAR 2018 IN PARTNERSHIP WITH COMMUNITY PROVIDERS, HUNTINGTON HOSPITAL DISASTER/EMERGENCY PREPAREDNESS PROGRAM PROVIDED AN ALL HAZARDS APPROACH TO DISASTER PREPAREDNESS FOR PATIENTS, VISITORS, STAFF, PHYSICIANS, AND COMMUNITY MEMBERS DISASTER TEAM MEMBERS ATTENDED ONGOING MEETINGS TO IMPROVE DISASTER PREPAREDNESS IN THE COMMUNITY, PROVIDED STAFF EDUCATION AND DRILLS, AND EDUCATED EMPLOYEES WITH REGARD TO PERSONAL PREPAREDNESS AT HOME AND AT WORK, AND PARTICIPATED IN ANNUAL PREPAREDNESS FAIR SERVICE PROVIDERS AND THE PUBLIC ACCESSED THE HOSPITAL-SPONSORED HEALTHY PASADENA WEBSITE FOR DATA AND INFORMATION ABOUT COMMUNITY HEALTH STATUS (INCLUDES HEALTH, ECONOMY, EDUCATION, ENVIRONMENT, GOVERNMENT AND POLITICS, PUBLIC SAFETY, SOCIAL ENVIRONMENT, AND TRANSPORTATION), TOOLS AND RESOURCES, COMMUNITY, PRIORITIES, AND PROMISING PRACTICES COMMUNITY MEMBERS ACCESSED THE HOSPITAL'S WEBSITE FOR PERTINENT HEALTH INFORMATION AND NEWS, PATIENT AND VISITOR INFORMATION, DETAILS ABOUT UPCOMING EVENTS AND EDUCATION CLASSES, AND A PHYSICIAN DIRECTORY (WITH SELECTION CRITERIA INCLUDING SPECIALTY, GENDER, LOCATION, INSURANCE ACCEPTED AND LANGUAGE SPOKEN) TO FACILITATE COMMUNICATION BETWEEN HOSPITAL CAREGIVERS AND PATIENTS, THE DEPARTMENT OF PATIENT EXPERIENCE AT HUNTINGTON HOSPITAL OFFERED THREE SPECIALTY SERVICES FOR INTERPRETATION IN 22 LANGUAGES AND SIGN LANGUAGE LANGUAGE LINE, VIDEO INTERPRETATION, AND LIFE SIGNS FOR HEARING IMPAIRED, SERVING OVER 9,000 PERSONS IN FISCAL YEAR 2018 THE CONTINUED AVAILABILITY OF HEALTH ECONNECT OFFERED CONSUMER EDUCATION AND PATIENT INVOLVEMENT IN THEIR HEALTH CARE, A VEHICLE FOR IMPROVING QUALITY AND SAFETY OF PATIENT CARE BY REDUCING MEDICAL AND MEDICATION ERRORS, AND PROVIDED CAREGIVERS WITH CLINICAL DECISION SUPPORT TOOLS FOR MORE EFFECTIVE CARE AND TREATMENT IN FISCAL YEAR 2018, HEALTH ECONNECT WAS BROADLY USED AT HUNTINGTON HOSPITAL AND IN COMMUNITY PHYSICIAN OFFICES TO VIEW PATIENT RECORDS BY THE HOSPITAL, HILL RADIOLOGY CENTERS</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, & 16C	HTTP //WWW HUNTINGTONHOSPITAL ORG/PATIENTS-VISITORS/PATIENTS/COST-OF-CARE/ FINANCIAL-ASSISTANCE ASPX

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	PHA PROVIDES A CONSIDERABLE AMOUNT OF ITS SERVICES WITHOUT CHARGE TO FINANCIALLY ELIGIBLE PATIENTS WHO CANNOT AFFORD TO PAY FOR CARE ALL MEDICALLY NECESSARY SERVICES ARE AVAILABLE AS UNCOMPENSATED SERVICES, BASED ON NEED PHA PUBLICIZES THE FINANCIAL ASSISTANCE POLICY ON THE FACILITY'S WEBSITE MOREOVER, INCLUDED ON THE BACK OF EACH BILLING STATEMENT IS A DISCLAIMER REGARDING FINANCIAL ASSISTANCE BEING AVAILABLE AND A CONTACT NUMBER TO CALL, IF INTERESTED IN ADDITION, PHA HAS SIGNAGE POSTED IN THE ADMITTING AND EMERGENCY ROOM AREAS A WRITTEN COPY OF THIS POLICY IS AVAILABLE UPON REQUEST, AS INDICATED ON THIS SIGNAGE DISPLAYED HTTP //WWW HUNTINGTONHOSPITAL ORG/PATIENTS-VISITORS/PATIENTS/COST-OF-CARE/ FINANCIAL-ASSISTANCE ASPX

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20D	HUNTINGTON HAS A PRESUMPTIVE ELIGIBILITY PROCESS BUT IT IS APPLIED AFTER NOTIFICATION EFFORTS DESCRIBED IN OUR FAP BUT NO RESPONSE FROM THE PATIENT AND COLLECTION EFFORTS HAVE BEEN EXHAUSTED AS SUCH, IT DOES NOT CURRENTLY MEET ALL THE REQUIREMENTS IN SECTION 1 501(R)-6(C)(2) HOWEVER, HUNTINGTON DOES MEET THE REQUIREMENTS UNDER SECTION 1 501(R)-6(C)(3) FOR REASONABLE EFFORTS BASED ON NOTIFICATION AND PROCESSING OF APPLICATIONS AS DESCRIBED IN OUR FAP THE HOSPITAL CONTINUES TO ASSESS AND CONSIDER IMPLEMENTING PRESUMPTIVE ELIGIBILITY PROCESS BEFORE REFERRING ACCOUNTS TO COLLECTION AGENCIES IN THE FUTURE

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Pasadena Hospital Association Ltd

Employer identification number

95-1644036

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	30	150,189			
(2) INDIGENT ASSISTANCE	960		25,838	FMV	CLOTHING
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART IV	PROCEDURES FOR MONITORING THE USE OF GRANTS PASADENA HOSPITAL ASSOCIATION, LTD MONITORS THE SPONSORSHIP AND SCHOLARSHIPS UP FRONT WHEN DETERMINING WHO THE GRANTS ARE AWARDED TO SPONSORSHIPS WERE GIVEN TO OTHER NON-PROFIT ORGANIZATIONS FOR THEIR FUNDRAISING EVENTS SCHOLARSHIPS WERE GIVEN TO THE QUALIFIED EMPLOYEES EVERY SCHOLARSHIP RECIPIENT MUST SHOW PROOF OF ACTIVE ENROLLMENT IN A FORMAL ACADEMIC PROGRAM EACH SCHOLARSHIP HAS CERTAIN CRITERIA BASED ON DONOR REQUIREMENTS THE APPLICANTS ARE PROVIDED WITH THE LIST OF CRITERIA AHEAD OF TIME AND THEY SELECT WHICH SCHOLARSHIP THEY ARE APPLYING FOR BASED ON THEIR PERFORMANCE

Additional Data

Software ID:
Software Version:
EIN: 95-1644036
Name: Pasadena Hospital Association Ltd

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTINGTON MEDICAL RESEARCH 99 NORTH EL MOLINO AVE PASADENA, CA 91101	95-1757119	501(c)(3)	265,149				SPONSOR
PASADENA RONALD MCDONALD HOUSE 763 S PASADENA AVE PASADENA, CA 91105	95-3167869	501(c)(3)	7,500				SPONSOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHARITY LEAGUE 959 SOUTH COAST DR STE 225 COSTA MESA, CA 92626	95-6120598	501(c)(3)	6,925				SPONSOR
PASADENA SENIOR CENTER 85 E HOLLY ST PASADENA, CA 91103	95-2085393	501(C)(3)	6,000				SPONSOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE 455 W MONTANA ST PASADENA, CA 91103	95-4536824	501(c)(3)	5,150				SPONSOR
COMMUNITY CENTER OF LA CANADA FLINTRIDGE 4469 Chevy Chase Drive La Canada, CA 91011	95-1950612	501(C)(3)	7,500				SPONSOR

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Name of the organization
Pasadena Hospital Association Ltd

Employer identification number
95-1644036

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<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 Yes									
<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 Yes									
<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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<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 Yes	4b Yes								
<p>4c</p>		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								
<p>5b</p>		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								
<p>6b</p>		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 1A	SUPPLEMENTAL COMPENSATION INFORMATION STEPHEN A RALPH, PRESIDENT EMERITUS, AND DR LORI MORGAN, MD, MBA, CEO HAVE MEMBERSHIPS IN ATHENAEUUM AND THE VALLEY HUNT CLUB, WHICH ARE SOCIAL CLUBS IN PASADENA THE USAGE OF CLUBS WAS PRIMARILY FOR BUSINESS PURPOSES

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SUPPLEMENTAL COMPENSATION INFORMATION THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY DURING THE YEAR DEBRA L TAFOYA - \$105,000 SAMUEL L BRENEISER - \$167,528

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>457(F) NON-QUALIFIED RETIREMENT PLAN PASADENA HOSPITAL ASSOCIATION (PHA) ADOPTED A 457(F) NON-QUALIFIED RETIREMENT PLAN, EFFECTIVE DECEMBER 15, 2005 THE PURPOSE OF THE PLAN IS TO ENCOURAGE RETENTION OF PEOPLE WHO ARE CRITICAL TO THE LONG-TERM HEALTH AND MISSION OF OUR ORGANIZATION, AND TO ENCOURAGE THEM TO THINK IN TERMS OF SPENDING THEIR FULL CAREERS WITH US THIS BENEFITS THE ORGANIZATION WITH CONTINUITY AND STABILITY OF KEY MEMBERS OF OUR LEADERSHIP TEAM THE PLAN COVERS CERTAIN MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM OF PHA PARTICIPANTS IN THIS PLAN ARE NOT ELIGIBLE TO PARTICIPATE IN THE 457(F) RETENTION PLAN AT THE SAME TIME AS MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM OF PHA, CERTAIN PERSONS LISTED ON PART VII OF THE 990 PARTICIPATE IN THE PLAN THE NORMAL RETIREMENT DATE OF THE PLAN IS AGE 65 EACH PARTICIPANT OF THE PLAN IS FULLY VESTED AT THE NORMAL RETIREMENT DATE OR WHEN THE PARTICIPANT'S AGE PLUS YEARS OF SERVICE EQUALS SEVENTY-FIVE FOR PARTICIPANTS WITH LESS THAN 20 YEARS OF SERVICE THE NORMAL RETIREMENT BENEFIT IS PRO-RATED THE BENEFITS ACCRUED FOR EACH INDIVIDUAL UNDER OUR 457(F) RETIREMENT PLAN WERE PAID IN A LUMP SUM UPON VESTING THIS PLAN WAS CLOSED TO NEW ENTRANTS EFFECTIVE JANUARY 1, 2014 THE FOLLOWING INDIVIDUAL RECEIVED A TAXABLE PAYOUT DURING 2018 PAULA VERRETTE - \$1,418,065 457(F) NON-QUALIFIED RETENTION PLAN PASADENA HOSPITAL ASSOCIATION (PHA) ADOPTED A 457(F) NON-QUALIFIED RETENTION PLAN, EFFECTIVE DECEMBER 15, 2005 THE PURPOSE OF THE PLAN IS TO ENCOURAGE RETENTION OF PEOPLE WHO ARE CRITICAL TO THE LONG-TERM HEALTH AND MISSION OF OUR ORGANIZATION, AND TO ENCOURAGE THEM TO THINK IN TERMS OF SPENDING THEIR FULL CAREERS WITH US THIS BENEFITS THE ORGANIZATION WITH CONTINUITY AND STABILITY OF KEY MEMBERS OF OUR LEADERSHIP TEAM THE PLAN COVERS CERTAIN MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM OF PHA AS MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM OF PHA, CERTAIN PERSONS LISTED ON PART VII OF THE 990 PARTICIPATE IN THE PLAN THE BENEFITS ACCRUED FOR EACH INDIVIDUAL UNDER OUR 457(F) RETENTION PLAN WERE PAID IN A LUMP SUM UPON VESTING PARTICIPANTS VEST AFTER THREE YEARS OF SERVICE DURING THE VESTING PERIOD, THE RETENTION PLAN BENEFIT IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE 457(F) RETENTION PLAN DURING THE YEAR AND RECEIVED A TAXABLE PAYOUT THAT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION BERNADETTE L MERLINO - \$263,690 BONNIE L KASS - \$63,648 457(F) EXECUTIVE SUPPLEMENTAL RETIREMENT PLAN PASADENA HOSPITAL ASSOCIATION (PHA) ADOPTED THE EXECUTIVE SUPPLEMENTAL RETIREMENT PLAN, EFFECTIVE JANUARY 1, 2014 FOR THE BENEFIT OF A SELECT GROUP OF EXECUTIVE MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES THE PURPOSE OF THE PLAN IS TO ENHANCE THE ABILITY OF THE HOSPITAL TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT OR HIGHLY COMPENSATED PERSONNEL PARTICIPATION IN THE PLAN IS LIMITED TO EMPLOYEES WHO (I) QUALIFY FOR INCLUSION IN A GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES", (II) ARE CLASSIFIED AS EXECUTIVES AT THE VICE PRESIDENT, SENIOR VICE PRESIDENT AND EXECUTIVE VICE PRESIDENT LEVEL OR ABOVE, AND (III) ARE NOT PARTICIPATING IN THE 457(F) RETIREMENT PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) EXECUTIVE SUPPLEMENTAL RETIREMENT PLAN AND RECEIVED A TAXABLE PAYOUT THAT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION THE 2018 PAYOUTS WERE RELATED TO THE INITIAL YEAR PLAN CONTRIBUTIONS FOR PARTICIPANTS THAT WERE VESTED IN THE INITIAL PLAN YEAR OF 2014 JAMES S NOBLE - \$14,000 JANE HADERLEIN - \$14,400 BONNIE L KASS - \$239,822 DEBRA A ORTEGA - \$2,500 DEBRA L TAFOYA - \$281,460 EUGENE E GUTIEREZ IV - \$55,440 GLORIA M SANCHEZ-RICO - \$3,000 JOHN F GOEDERS - \$300 ADDITIONAL AMOUNTS RELATING TO THE 457(F) EXECUTIVE SUPPLEMENTAL RETIREMENT PLAN WERE ACCRUED DURING 2018 TO PROPERLY REFLECT PRIOR YEAR ACTIVITY</p>



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				
BERNADETTE L MERLINO FORMER KEY EMPLOYEE	(i)	0	0	263,690	-9,598	0	254,092	263,690
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
DEBRA L TAFOYA FORMER KEY EMPLOYEE	(i)	214,367	0	405,392	-14,840	3,324	608,243	281,460
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pasadena Hospital Association Ltd

Employer identification number

95-1644036

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include CA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY.

Part II Proceeds

Table with columns 1-13 for bond proceeds details and 14-17 for allocation questions. Includes rows for amount of bonds retired, total proceeds, and issuance costs.

Part III Private Business Use

Table with columns 1-2 for private business use questions and A-D for Yes/No responses. Includes questions about partnership and lease arrangements.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?		X		X		X		
c No rebate due?	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Bond Issue A	PART I, COLUMN (F) THE BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF HEALTH FACILITIES OF HUNTINGTON MEMORIAL HOSPITAL PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE PART IV, LINE 2(C) THE REBATE COMPUTATION WAS PERFORMED AS OF 05/07/14 BOND ISSUE B PART I, COLUMN (F) THE BONDS REFUND THE SERIES 2005 (ISSUED 05/18/15) PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART II, LINE 13 SINCE THE PROCEEDS OF THE 2014 BONDS ARE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE BOND ISSUE C PART I, COLUMN (F) THE BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF HEALTH FACILITIES OF HUNTINGTON MEMORIAL HOSPITAL PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE

Additional Data

Software ID:
Software Version:
EIN: 95-1644036
Name: Pasadena Hospital Association Ltd

Return Reference	Explanation
Bond Issue A	<p>PART I, COLUMN (F) THE BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF HEALTH FACILITIES OF HUNGTINGTON MEMORIAL HOSPITAL PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE PART IV, LINE 2(C) THE REBATE COMPUTATION WAS PERFORMED AS OF 05/07/14 BOND ISSUE B PART I, COLUMN (F) THE BONDS REFUND THE SERIES 2005 (ISSUED 05/18/15) PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART II, LINE 13 SINCE THE PROCEEDS OF THE 2014 BONDS ARE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE BOND ISSUE C PART I, COLUMN (F) THE BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, IMPROVEMENT AND EQUIPPING OF HEALTH FACILITIES OF HUNGTINGTON MEMORIAL HOSPITAL PART II, LINE 3 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED BOND PROCEEDS PART III, LINE 7 AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE</p>

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
Pasadena Hospital Association Ltd

Employer identification number
95-1644036

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) LORI J MORGAN MD	CURRENT OFFICER	HOME LOAN		X	850,000	794,689		No	Yes		Yes	
Total							794,689					

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
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,415,302	LEGAL SERVICES		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,491,180	MEDICAL GROUP SERVICES		No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	326,417	LEGAL SERVICES		No
(4) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	716,678	RETIREMENT SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Pasadena Hospital Association Ltd

Employer identification number

95-1644036

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	33	6,990,105	SELLING PRICE
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>BASEBALL TICKETS</u>)	X	1	1,560	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, COLUMN (B)	THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED

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.**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization
Pasadena Hospital Association Ltd

Employer identification number

95-1644036

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	CARING NURSES, PROFESSIONAL STAFF AND ADVANCED TECHNOLOGIES OUR VISION, MISSION, AND CORE VALUES GUIDE OUR ORGANIZATION'S COMMITMENT TO COMMUNITY NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	AT HUNTINGTON HOSPITAL, OUR MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND COMPASSIONATE SERVICE TO EACH PERSON BY BRINGING TOGETHER OUTSTANDING PHYSICIANS, CARING NURSES, PROFESSIONAL STAFF AND ADVANCED TECHNOLOGIES OUR VISION, MISSION, AND CORE VALUES GUIDE OUR ORGANIZATION'S COMMITMENT TO COMMUNITY NEEDS

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PASADENA HOSPITAL ASSOCIATION, LTD (DBA HUNTINGTON MEMORIAL HOSPITAL) IS A 619 BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN PASADENA, CALIFORNIA FOUNDED IN 1892, HUNTINGTON HOSPITAL IS COMMITTED TO PROVIDING EXCELLENT PATIENT CARE DELIVERED WITH COMPASSION AND RESPECT THE HOSPITAL OFFERS A FULL COMPLEMENT OF ACUTE MEDICAL CARE AND COMMUNITY SERVICES RANGING FROM GENERAL MEDICINE TO THE FOREMOST SPECIALIZED PROGRAMS IN CARDIOVASCULAR SERVICES, ONCOLOGY, AND THE NEUROSCIENCES THE HOSPITAL HAS THE ONLY TRAUMA CENTER IN THE REGION AS WELL AS THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) IN ADDITION, HUNTINGTON HOSPITAL OFFERS WOMENS AND CHILDREN SERVICES, STATE OF THE ART ORTHOPEDIC SURGERY, INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES, HUNTINGTON HOSPITAL SENIOR CARE NETWORK, AND HUNTINGTON AMBULATORY CARE CENTER THROUGH AN ONGOING PARTNERSHIP BETWEEN HUNTINGTON HOSPITAL AND SHRINERS HOSPITAL FOR CHILDREN SOUTHERN CALIFORNIA, INPATIENT SURGICAL AND MEDICAL SERVICES FOR PEDIATRIC PATIENTS ARE AVAILABLE AT HUNTINGTON HOSPITAL AND THE MEDICAL TEAM PROVIDES ADVANCED POST-SURGICAL CARE A NEW SHRINERS FOR CHILDREN MEDICAL CENTER (LOCATED ACROSS THE STREET FROM THE HOSPITAL CAMPUS) OFFERS SPECIALTY CARE SERVICES FOR PEDIATRIC PATIENTS IN THE REGION IN 2018, HUNTINGTON HOSPITAL AND PROVIDENCE ST JOSEPH HEALTH ENTERED INTO AN AGREEMENT TO FURTHER EXPAND ACCESS TO QUALITY CARE PROVIDENCE ST JOSEPH HEALTH, WHICH INCLUDES 12 MEDICAL INSTITUTIONS ACROSS LOS ANGELES AND ORANGE COUNTIES, WILL NOW CONTRACT EXCLUSIVELY WITH HUNTINGTON HOSPITAL IN THE SAN GABRIEL VALLEY FOR ALL ACUTE CARE HOSPITAL AND OUTPATIENT CLINICAL SERVICES HUNTINGTON HOSPITAL ALSO PARTNERS WITH UNIVER SITY OF SOUTHERN CALIFORNIA (USC) INSTITUTE FOR MATERNAL-FETAL HEALTH TO OFFER A FETAL SURGERY PROGRAM IN PASADENA ENCOMPASSING HIGH-RISK PERINATAL CARE, SURGERY AND NICU EXPERTISE AS A TEACHING FACILITY AFFILIATED WITH THE UNIVERSITY OF SOUTHERN CALIFORNIA'S KECK SCHOOL OF MEDICINE, HUNTINGTON SUPPORTED 25 INTERNAL MEDICINE AND 17 GENERAL SURGERY RESIDENTS IN 2018 MORE THAN ONE THIRD OF HUNTINGTONS RESIDENTS REMAIN IN THE AREA TO PRACTICE, PROVIDING A SEAMLESS TRANSITION THROUGH GENERATIONS OF CARE HUNTINGTON HOSPITAL HAS RECEIVED NUMEROUS AWARDS, RECOGNITIONS, AND CERTIFICATIONS - FULL HOSPITAL-WIDE ACCREDITATION FROM THE JOINT COMMISSION FOR ACHIEVING NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY - ACCREDITED AS A PEDIATRIC MEDICAL CENTER (PMC) - GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR STROKE CARE - GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR TOTAL KNEE AND HIP REPLACEMENT PROGRAM - HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR COMPREHENSIVE STROKE CENTER FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION - DESIGNATION AS A STEMI (ST SEGMENT ELEVATION MYOCARDIAL INFARCTION) RECEIVING CENTER WHERE EMERGENCY MEDICAL SERVICE PERSONNEL GIVE PATIENTS HAVING POSSIBLE MYOCARDIAL INFARCTIONS A 12-LEAD EKG IN THE FIELD AND A HOSPI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TAL TEAM IS READY WHEN A PATIENT ARRIVES IN THE EMERGENCY DEPARTMENT - MAGNET DESIGNATION BY AMERICAN NURSES CREDENTIALING CENTER MAGNET DESIGNATION REPRESENTS THE HIGHEST LEVEL OF NATIONAL RECOGNITION TO HEALTH CARE ORGANIZATIONS THAT DEMONSTRATE SUSTAINED EXCELLENCE IN NURSING CARE IN A HEALTHY, COLLABORATIVE, AND PROFESSIONAL WORK ENVIRONMENT ONLY SEVEN PERCENT OF ALL ACUTE CARE HEALTH CARE ORGANIZATIONS HAVE OBTAINED THIS PRESTIGIOUS RECOGNITION - MAXIMUM FIVE-YEAR ACCREDITATION FROM THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) - HOSPITAL COMPARE 5-STAR BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), THE HIGHEST POSSIBLE CMS RATING FOR OVERALL EXCELLENCE - HUNTINGTON HOSPITAL TRAUMA CENTER IS CERTIFIED AS A LEVEL II TRAUMA CENTER BY THE VERIFICATION REVIEW COMMITTEE (VRC), AN AD HOC COMMITTEE OF THE COMMITTEE ON TRAUMA (COT) OF THE AMERICAN COLLEGE OF SURGEONS (ACS) - EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) - LEVEL III NEONATAL INTENSIVE CARE USE WITH CALIFORNIA CHILDRENS SERVICES (CCS) CERTIFICATION - HUNTINGTON HOSPITAL RECEIVED LEAPFROG SAFETY GRADE OF "A" FOR SPRING 2018 AND FALL 2018, ONE OF 855 HOSPITALS IN THE NATION TO RECEIVE THE HIGHEST POSSIBLE GRADE, BASED ON 27 MEASURES OF PUBLICLY AVAILABLE HOSPITAL SAFETY DATA - RECOGNIZED BY U.S. NEWS AND WORLD REPORT FOR BEST HOSPITAL RANKINGS 2018-19, #10 BEST HOSPITAL IN CALIFORNIA, #5 HOSPITAL IN LOS ANGELES METRO AREA, RANKED AMONG THE BEST IN THE COUNTRY IN GYNECOLOGY AND UROLOGY, AND RECOGNIZED AS BEST REGIONAL HOSPITAL IN 14 TYPES OF CARE WITH RECOGNITION AS "HIGH PERFORMING" IN SEVEN ADULT SPECIALTIES AND IN SEVEN COMMON ADULT PROCEDURES AND CONDITIONS - HUNTINGTON HOSPITAL CANCER CENTER RECEIVED FULL THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER - JIM AND ELEANOR RANDALL BREAST CENTER RECEIVED A FULL THREE-YEAR ACCREDITATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), ONE OF ONLY THREE HOSPITALS IN LOS ANGELES COUNTY TO ACHIEVE THIS LEVEL OF ACCREDITATION - JIM AND ELEANOR RANDALL BREAST CENTER RECOGNIZED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - ACCREDITED FACILITY FOR ADULT TRANSTHORACIC ECHOCARDIOGRAPHY BY THE INTERSOCIETAL ACCREDITATION COMMISSION (IAC) - HUNTINGTON HOSPITAL AWARDED THE BABY-FRIENDLY DESIGNATION FROM BABY-FRIENDLY USA, A CREDENTIALING PROGRAM FOR HOSPITALS THAT IS PART OF AN INTERNATIONAL INITIATIVE LED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN FUND (UNICEF) THE DESIGNATION IS CONSIDERED THE GOLD STANDARD OF CARE AND DEMONSTRATES OUR WOMENS AND CHILDRENS SERVICES COMMITMENT TO PATIENT AND FAMILY-CENTERED CARE - HUNTINGTON HOSPITAL WAS ACCREDITED BY THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) - BLUE CROSS BLUE SHIELD ASSOCIATION CENTERS OF DISTINCTION FOR BARIATRIC SURGERY, CARDIAC CARE, AND SPINAL SURGERY - HUNTINGTON HOSPITAL BECAME A PARTICIPAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	T OF THE AMERICAN JOINT REPLACEMENT REGISTRY (AJRR), A CENTRAL REGISTRY FOR DATA ON TOTAL HIP AND KNEE ARTHROPLASTIES AT THE HOSPITAL AND OTHER PARTICIPATING SITES THROUGHOUT THE COUNTRY - NEUROPHYSIOLOGY INTRAOPERATIVE MONITORING LABORATORIES AND EPILEPSY ACCREDITATION FROM THE LAB ACCREDITATION BOARD OF ABRET - RECOGNIZED AT THE HIGHEST POSSIBLE LEVEL BY THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HMSS) FOR THE ADOPTION AND UTILIZATION OF ELECTRONIC MEDICAL RECORD (EMR) SYSTEMS AT HOSPITALS AROUND THE WORLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	INDIVIDUALS WITH POWER TO ELECT MEMBERS OF THE GOVERNING BODY THE TRUSTEES OF THE COLLIS P AND HOWARD HUNTINGTON MEMORIAL HOSPITAL TRUST (TRUST) HAVE THE POWER TO ELECT REPLACEMENT TRUSTEES OF THE TRUST'S BOARD IN THEIR CAPACITY AS TRUSTEES ALL TRUSTEES ALSO SERVE ON THE BOARD OF DIRECTORS OF PASADENA HOSPITAL ASSOCIATION, LTD , DBA HUNTINGTON MEMORIAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW FORM 990 FINANCIAL DATA IS GATHERED FROM AND VERIFIED BY VARIOUS DIRECTORS THE DATA USED IN PREPARATION OF THE RETURN BY THE OUTSIDE TAX PREPARER IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE SEPTEMBER 2019 BOARD MEETING DURING THE BOARD MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING TRANSACTIONS FOR CONFLICTS OF INTEREST THE PROCESS OF DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS IS GOVERNED BY THE ORGANIZATION'S POLICIES, WHEREBY INDIVIDUALS IN POSITIONS OF LEADERSHIP (OFFICERS, DIRECTORS, AND MANAGEMENT PERSONNEL) ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ONCE DISCLOSED, A REVIEW OF ANY POTENTIAL CONFLICTS IS CONDUCTED AT THE LEVEL OF CHIEF EXECUTIVE OFFICER IN CONJUNCTION WITH THE COMPLIANCE OFFICER BASED ON THIS EVALUATION, IT MAY BE NECESSARY TO FOLLOW-UP WITH THE INDIVIDUAL AND REQUEST ANY ADDITIONAL INFORMATION DEEMED RELEVANT, OR DISCUSS WAYS TO MITIGATE OR ELIMINATE THE RISK OF CONFLICT ANY CONCERNS OF CONFLICTS OF INTEREST ARE ADDRESSED BY THE AUDIT & COMPLIANCE COMMITTEE AND THE FINDINGS AND RECOMMENDATIONS ARE REPORTED TO THE BOARD OF DIRECTORS AFTER DISCUSSION WITH THE INTERESTED PERSON, HE/SHE WILL LEAVE THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED PERSONS WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION OR ARRANGEMENT WITH HUNTINGTON MEMORIAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION EXECUTIVE COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE GOVERNING BOARD, AND THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE MEETING IN WHICH COMPENSATION ARRANGEMENTS WERE DETERMINED REVIEW & APPROVAL OF COMPENSATION FOR ALL TOP MANAGEMENT OFFICIALS, INCLUDING THE CEO, CFO & VP POSITIONS IS CONDUCTED BY THE COMPENSATION COMMITTEE ANNUALLY, AND THE PERSONS WHO SERVE IN THOSE POSITIONS ARE NOT PRESENT DURING DISCUSSIONS RELATED TO THEIR COMPENSATION COMPARABLE DATA FOR SIMILAR POSITIONS AND ORGANIZATIONS, PREPARED BY INDEPENDENT CONSULTANTS, IS USED TO ESTABLISH COMPENSATION REVIEW & APPROVAL FOR THE CEO & VP'S WAS LAST PERFORMED BY THE COMPENSATION COMMITTEE AT its ANNUAL MEETING HELD ON NOVEMBER 29, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS GAIN/LOSS ON SUBSIDIARY - \$ (1,141,014) HMF-RBC CAPITAL CONTRIBUTION - \$ (586,455) ACCRUED PENSION - \$ (3,260,625) MISCELLANEOUS - \$ (621) _____ TOTAL OTHER CHANGES IN NET ASSETS - \$ (4,988,715)

**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
Pasadena Hospital Association Ltd

Employer identification number

95-1644036

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COLLIS P HOWARD HUNTINGTON MEM HOS TRUST 100 W CALIFORNIA BLVD PASADENA, CA 91109 95-6027688	SUPPORT PHA	CA	501(c)(3)	12C	NA		No
(2) HUNTINGTON MEDICAL FOUNDATION 100 W CALIFORNIA BLVD PASADENA, CA 91109 95-4434428	HLTHCARE SVCS	CA	501(c)(3)	3	PHA	Yes	
(3) HMM FLINTRIDGE LA CANADA GUILD PO BOX 5463 LA CANADA, CA 91012 95-6016968	FUND RAISING	CA	501(c)(3)	12C	NA		No
(4) WOMEN'S AUXILIARY HUNTINGTON MEM HOSP 930 S EL MOLINO AVE PASADENA, CA 91106 95-6195080	FUND RAISING	CA	501(c)(3)	12C	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HUNTINGTON AMBULATORY SURGERY CENTER LLC 625 S FAIR OAKS AVE SUITE 380 PASADENA, CA 91105 27-3922007	SURGERY CENTER	CA	PHA	Related	-786,252	13,440,216		No	0	Yes		99.820 %

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) CONGRESS SERVICES CORPORATION 100 W CALIFORNIA BLVD PASADENA, CA 91109 95-3978299	MANAGEMENT SVCS	CA	PHA	C Corp	228,487	1,646,324	100.000 %	Yes	
(2) CHARITABLE REMAINDER TRUST (3)	SUPPORT	CA	NA	Trust					

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	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

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 HUNTINGTON AMBULATORY SURGERY CENTER, LLC EIN 27-3922007 ADDRESS SOUTH FAIR OAKS AVE, SUITE 380, PASADENA, CA 91105

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 95-1644036
Name: Pasadena Hospital Association Ltd

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)	HUNTINGTON MEDICAL FOUNDATION	b	586,455	COST
(1)	COLLIS P & HOWARD HUNTINGTON MEM HOSP TRUST	c	4,972,672	COST
(2)	HUNTINGTON MEDICAL FOUNDATION	j	801,056	COST
(3)	HUNTINGTON AMBULATORY SURGERY CENTER	j	1,750,665	COST
(4)	CONGRESS SERVICES CORPORATION	l	62,700	COST
(5)	HUNTINGTON AMBULATORY SURGERY CENTER	l	389,202	COST
(6)	HUNTINGTON MEDICAL FOUNDATION	l	528,751	COST
(7)	CONGRESS SERVICES CORPORATION	m	264,195	COST
(8)	HUNTINGTON MEDICAL FOUNDATION	m	2,933,021	COST
(9)	CONGRESS SERVICES CORPORATION	o	790,322	COST
(10)	HUNTINGTON MEDICAL FOUNDATION	o	138,093	COST
(11)	HUNTINGTON AMBULATORY SURGERY CENTER	q	2,690,215	COST
(12)	HUNTINGTON MEDICAL FOUNDATION	r	6,140,000	COST