

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

D Employer identification number: 95-1644036

E Telephone number: (626) 397-5000

G Gross receipts \$ 696,134,585

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) | 27 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 24 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 4,140 |
| 6 Total number of volunteers (estimate if necessary) | 1,762 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 2,500 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 27,569,246 | 26,442,219 |
| 9 Program service revenue (Part VIII, line 2g) | 655,580,341 | 658,985,253 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,196,315 | 6,587,702 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,196,162 | 2,139,667 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 700,542,064 | 694,154,841 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 748,566 | 697,655 |
| 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) | 361,104,007 | 365,643,144 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,551,902 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 317,130,790 | 333,793,511 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 678,983,363 | 700,134,310 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 21,558,701 | -5,979,469 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|---------------|
| 20 Total assets (Part X, line 16) | 1,107,235,142 | 1,232,829,063 |
| 21 Total liabilities (Part X, line 26) | 534,964,758 | 641,188,334 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 572,270,384 | 591,640,729 |

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: 2020-11-16

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: 2020-11-13

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 621,822,306 including grants of \$ 697,655) (Revenue \$ 659,313,283)
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 ▶ 621,822,306

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various sub-questions and input fields. Includes a table for 2a with the value 4,140.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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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 | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 11,858,392 | 26,000 | 1,583,110 | |

- 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 ▶ 1,101
- | | Yes | No |
|--|-------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SWINERTON BUILDERS, 17731 MITCHELL N 200 IRVINE, CA 92614 | FACILITY CAP. PROJ. | 3,945,836 |
| BERNARDS, 555 FIRST STREET SAN FERNANDO, CA 91340 | FACILITY CAP. PROJ. | 3,514,244 |
| JACOBS PROJECT MANAGEMENT CO, PO BOX 888862 LOS ANGELES, CA 900888862 | FACILITY CAP. PROJ. | 3,394,779 |
| JR ABBOTT CONSTRUCTION INC, 25 EAST CALIFORNIA BLVD PASADENA, CA 91105 | FACILITY CAP. PROJ. | 2,160,291 |
| HDR ARCHITECTURE INC, 8404 INDIAN HILLS OMAHA, NE 68114 | FACILITY CAP. PROJ. | 2,077,472 |

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 ▶ 132

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 20,093 | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c 243,050 | | | |
| | d Related organizations | 1d 4,945,016 | | | |
| | e Government grants (contributions) | 1e 1,895,844 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 19,338,216 | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g 280,029 | | | |
| | h Total. Add lines 1a-1f | | 26,442,219 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|---|--------|---------------|-------------|-------|-----|-----|
| | | Business Code | | | | |
| 2a NET PATIENT SRVS REVENUE | 622110 | 649,732,035 | 649,732,035 | 0 | 0 | |
| b RENTAL INCOME | 531120 | 3,094,881 | 3,094,881 | 0 | 0 | |
| c PARKING REVENUE | 812930 | 2,309,261 | 2,309,261 | 0 | 0 | |
| d MANAGEMENT SRVS REVENUE | 541610 | 275,677 | 273,177 | 2,500 | 0 | |
| e LABORATORY REVENUE | 621511 | 172,575 | 172,575 | 0 | 0 | |
| f All other program service revenue. | | 3,400,824 | 3,400,824 | | 0 | |
| g Total. Add lines 2a-2f. | | 658,985,253 | | | | |

| | | | | | | | |
|---|--|---|-------------|-------|-----------|-----------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 5,527,676 | | | 5,527,676 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 525,323 | | | 525,323 | |
| | 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 | 874,119 | 9,638 | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 349,054 | | | | |
| | | c Gain or (loss) | 525,065 | 9,638 | | | |
| | d Net gain or (loss) | | 534,703 | | | 534,703 | |
| | 8a Gross income from fundraising events (not including \$ 243,050 of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | 8a | 213,450 | | | | |
| b Less: direct expenses | | 8b | 219,771 | | | | |
| c Net income or (loss) from fundraising events | | -6,321 | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | 0 | | | | | |
| | b Less: direct expenses | 9b | 0 | | | | |
| c Net income or (loss) from gaming activities | | 0 | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10a | 1,818,808 | | | | | |
| | b Less: cost of goods sold | 10b | 1,410,919 | | | | |
| c Net income or (loss) from sales of inventory | | 407,889 | | | 407,889 | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a CONCIERGE SERVICES REVENUE | 900099 | 1,322,278 | | 0 | 1,322,278 | | |
| b MEDICAL STAFF REVENUE | 900099 | 328,030 | 328,030 | 0 | 0 | | |
| c FOOD SERVICES | 722310 | 87,791 | | 0 | 87,791 | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 1,738,099 | | | | | |
| 12 Total revenue. See instructions | | 694,154,841 | 659,310,783 | 2,500 | 8,405,660 | | |

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 | 511,856 | 511,856 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 185,799 | 185,799 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 10,481,503 | | 10,281,299 | 200,204 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 137,215 | | 137,215 | |
| 7 Other salaries and wages | 248,184,257 | 221,714,344 | 25,358,541 | 1,111,372 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 21,056,793 | 18,698,123 | 2,251,713 | 106,957 |
| 9 Other employee benefits | 64,414,639 | 58,142,197 | 5,944,102 | 328,340 |
| 10 Payroll taxes | 21,368,737 | 19,287,000 | 1,983,352 | 98,385 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 1,889,670 | | 1,889,670 | |
| c Accounting | 715,689 | | 715,689 | |
| d Lobbying | 64,805 | | 64,805 | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 319,224 | | 319,224 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 67,771,783 | 55,853,648 | 11,204,307 | 713,828 |
| 12 Advertising and promotion | 1,639,469 | 24,508 | 1,614,751 | 210 |
| 13 Office expenses | 28,645,542 | 23,275,431 | 5,032,915 | 337,196 |
| 14 Information technology | 32,861,742 | 29,535,953 | 3,174,976 | 150,813 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 17,271,743 | 15,605,197 | 1,600,933 | 65,613 |
| 17 Travel | 586,445 | 226,913 | 228,334 | 131,198 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 608,437 | 225,179 | 227,717 | 155,541 |
| 20 Interest | 8,567,815 | 7,726,497 | 803,167 | 38,151 |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 20,539,345 | 18,654,754 | 1,815,499 | 69,092 |
| 23 Insurance | 4,782,844 | 4,501,519 | 268,568 | 12,757 |
| 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 | 100,974,716 | 100,974,716 | 0 | 0 |
| b HOSPITAL FEE PROGRAM | 45,379,035 | 45,379,035 | 0 | 0 |
| c FOOD/DAYCARE/CLINICAL/MED | 707,932 | 707,932 | 0 | 0 |
| d DONATION ADMIN FEE | 77,349 | 0 | 77,349 | 0 |
| e All other expenses | 389,926 | 591,705 | -234,024 | 32,245 |
| 25 Total functional expenses. Add lines 1 through 24e | 700,134,310 | 621,822,306 | 74,760,102 | 3,551,902 |
| 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 | 10,813 | 1 | 12,575 |
| | 2 Savings and temporary cash investments | 17,527,076 | 2 | 38,012,373 |
| | 3 Pledges and grants receivable, net | 13,392,977 | 3 | 14,633,646 |
| | 4 Accounts receivable, net | 108,888,397 | 4 | 106,435,327 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 794,689 | 5 | 681,702 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 14,572,784 | 8 | 13,539,177 |
| | 9 Prepaid expenses and deferred charges | 54,366,873 | 9 | 66,533,125 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 931,062,349 | | |
| | b Less: accumulated depreciation | 10b 407,150,464 | 449,770,659 | 10c 523,911,885 |
| | 11 Investments—publicly traded securities | 394,879,059 | 11 | 351,101,770 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 927,668 | 13 | 508,339 |
| | 14 Intangible assets | 2,957,809 | 14 | 2,957,809 |
| | 15 Other assets. See Part IV, line 11 | 49,146,338 | 15 | 114,501,335 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,107,235,142 | 16 | 1,232,829,063 | |
| Liabilities | 17 Accounts payable and accrued expenses | 88,263,266 | 17 | 96,707,691 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 31,813,219 | 19 | 45,521,058 |
| | 20 Tax-exempt bond liabilities | 317,901,917 | 20 | 332,243,338 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 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 | 96,986,356 | 25 | 166,716,247 |
| | 26 Total liabilities. Add lines 17 through 25 | 534,964,758 | 26 | 641,188,334 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 462,022,379 | 27 | 470,333,842 |
| | 28 Net assets with donor restrictions | 110,248,005 | 28 | 121,306,887 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 572,270,384 | 32 | 591,640,729 | |
| 33 Total liabilities and net assets/fund balances | 1,107,235,142 | 33 | 1,232,829,063 | |

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 | 694,154,841 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 700,134,310 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,979,469 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 572,270,384 |
| 5 | Net unrealized gains (losses) on investments | 5 | 34,301,567 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -8,951,753 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 591,640,729 |

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 (2019)

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 | | | |
| LORI J MORGAN MD MB BD OF DIR/PRESIDENT & CEO | 55.0 1.0 | | | X | | | | 1,447,521 | 0 | 226,207 |
| JANE HADERLEIN SVP PHILANTHROPY & PR | 55.0 0.0 | | | | X | | | 1,042,266 | 0 | 189,488 |
| STEPHEN A RALPH BD OF DIRECTORS-PRES. EMERITUS | 55.0 1.0 | X | | X | | | | 979,721 | 0 | 81,364 |
| RAJINDER S TAKHAR SVP, STRAT & PRVDR INTEGRATION | 50.0 5.0 | | | | X | | | 861,328 | 0 | 103,848 |
| DEBRA A ORTEGA CHRO & SVP ADMINISTRATIVE SVCS | 55.0 0.0 | | | X | | | | 785,720 | 0 | 116,260 |
| SCOTT GROOM SVP, CIO | 55.0 0.0 | | | X | | | | 669,522 | 0 | 75,849 |
| GABRIELLA SHERMAN MD VP QUALITY & CLINICAL OPS | 50.0 0.0 | | | | X | | | 594,828 | 0 | 53,511 |
| GLORIA M SANCHEZ-RICO SVP & CHIEF NURSING OFFICER | 55.0 0.0 | | | X | | | | 471,076 | 0 | 156,851 |
| STEVEN L MOHR SVP & CFO | 50.0 5.0 | | | X | | | | 557,400 | 0 | 59,015 |
| PAULA VERRETTE SVP & CMO QUALITY & PHYS. SVCS | 50.0 5.0 | | | X | | | | 543,404 | 0 | 44,012 |

| 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 | | | |
| JOHN F GOEDERS VP STRATEGIC PLANNING/REVENUE | 55.0 0.0 | | | | X | | | 451,399 | 0 | 74,103 |
| EUGENE E GUTIEREZ IV FORMER KEY EMPLOYEE | 0.0 0.0 | | | | | | X | 463,693 | 0 | 26,115 |
| TIMOTHY S ALBERT HHP EXECUTIVE MEDICAL DIRECTOR | 0.0 0.0 | | | | X | | | 465,634 | 0 | 16,311 |
| GAIL CINEXI VP, CLINICAL & SUPPORT SVCS | 55.0 0.0 | | | | X | | | 361,569 | 0 | 89,139 |
| CATHERINE L CHADWELL EXEC DIRECTOR PHILANTHROPY | 55.0 0.0 | | | | | X | | 260,314 | 0 | 118,270 |
| SCOTT A ARMSTRONG EXEC DIR FINANCE OPERATIONS | 50.0 5.0 | | | | | X | | 337,034 | 0 | 33,039 |
| TERENCE OU VP, ENTERPRISE COMPL/RISK/INT | 55.0 0.0 | | | | | X | | 296,325 | 0 | 57,095 |
| ILIN OHANESSIANS DIR AMBOP, NEURO, REHAB | 40.0 10.0 | | | | | X | | 290,199 | 0 | 36,269 |
| CHARLES J CASEY-SUDVA INTERIM CIO | 55.0 0.0 | | | | | X | | 274,827 | 0 | 25,387 |
| PHUC X MAI DIRECTOR PHARMACY | 55.0 0.0 | | | | | X | | 279,917 | 0 | 17,017 |

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 | | | |
| JEFFREY P WEIGAND CONGRESS ADMIN AND REAL ESTATE | 4.0 36.0 | | | | X | | | 184,310 | 0 | 14,745 |
| DEBRA L TAFOYA FORMER KEY EMPLOYEE | 0.0 0.0 | | | | | | X | 168,000 | 0 | -30,785 |
| HENRY BOWLES MD BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 52,200 | 0 | 0 |
| ALLEN W MATHIES JR BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 20,185 | 26,000 | 0 |
| JAYNIE STUDENMUND CHAIRMAN/TRUSTEE | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ARMANDO L GONZALEZ F VICE CHAIRMAN/TRUSTEE | 1.0 1.0 | X | | | | | | 0 | 0 | 0 |
| MICHELLE QUINONES CHIN BOARD OF DIRECTORS | 1.0 1.0 | X | | | | | | 0 | 0 | 0 |
| WAYNE BRANDT TREASURER/TRUSTEE | 1.0 1.0 | X | | | | | | 0 | 0 | 0 |
| SHARON ARTHOFER BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| WILLIAM J BOGAARD BOARD OF DIRECTORS | 1.0 0.0 | 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 | | | |
| LOUISE HENRY BRYSON BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| REED GARDINER BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| AKILA GIBBS 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 BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 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 |
| SIMON LI BOARD OF DIRECTORS | 1.0 0.0 | 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 | | | |
| M CHRISTIAN MITCHELL BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ELIZABETH GRAHAM OLSON BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| KATHLEEN KATHY GOOD 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 SIMMON 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 |
| RENEE YING BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JOHN L MOTHERSHEAD BOARD OF DIRECTORS | 1.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PAUL LH OUYANG BOARD - CHAIR (THRU 3/19) | 1.0 0.0 | X | | X | | | | 0 | 0 | 0 |

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. . . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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> | Yes | No |
| 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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

2019
Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization 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.

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (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 | | 64,805 |
| j Total. Add lines 1c through 1i | | | 64,805 |
| 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 \$75,507 AND \$359,187 TO THE CALIFORNIA HOSPITAL ASSOCIATION AND THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA, RESPECTIVELY. OF THESE DUES, \$17,608 AND \$47,197, RESPECTIVELY, WERE ATTRIBUTABLE TO LOBBYING EXPENSES FOR HEALTHCARE ISSUES. |

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 144,790,738 | 151,216,655 | 143,584,070 | 140,883,835 | 136,386,305 |
| b Contributions | 5,785,066 | 1,231,164 | 5,490,913 | 6,064,407 | 9,138,016 |
| c Net investment earnings, gains, and losses | 12,499,471 | -3,186,052 | 9,377,743 | 4,353,141 | 844,778 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,717,009 | 4,471,029 | 7,236,071 | 7,717,313 | 5,485,264 |
| f Administrative expenses | | | | | |
| g End of year balance | 158,358,266 | 144,790,738 | 151,216,655 | 143,584,070 | 140,883,835 |

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

- a** Board designated or quasi-endowment ▶ 40.120 %
- b** Permanent endowment ▶ 25.920 %
- c** Temporarily restricted endowment ▶ 33.960 %

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

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

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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | 0 |
| b Buildings | | | | |
| c Leasehold improvements | | 492,431,069 | 228,402,446 | 264,028,623 |
| d Equipment | | 281,828,313 | 178,748,018 | 103,080,295 |
| e Other | | 156,802,967 | 0 | 156,802,967 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 523,911,885 |

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) OP. LEASE RIGHT OF USE ASSET | 51,913,378 |
| (2) DUE FROM AFFILIATES | 42,835,563 |
| (3) LEGACIES & BEQUEST ASSET | 11,162,655 |
| (4) DUE FROM THIRD PARTY PAYORS | 5,344,099 |
| (5) CONTRACT ACQUISITION COST | 1,591,004 |
| (6) CASH VALUE INSURANCE | 959,543 |
| (7) ACCRUED RECEIVABLE DONATIONS | 415,927 |
| (8) INCENTIVE TO LESSEE | 279,166 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶ 114,501,335 |

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 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 166,716,247 |

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 95-1644036

Name: Pasadena Hospital Association LTD

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|------------------------------|----------------|
| OP. LEASE RIGHT OF USE ASSET | 51,913,378 |
| DUE FROM AFFILIATES | 42,835,563 |
| LEGACIES & BEQUEST ASSET | 11,162,655 |
| DUE FROM THIRD PARTY PAYORS | 5,344,099 |
| CONTRACT ACQUISITION COST | 1,591,004 |
| CASH VALUE INSURANCE | 959,543 |
| ACCRUED RECEIVABLE DONATIONS | 415,927 |
| INCENTIVE TO LESSEE | 279,166 |

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 | <p>FIN 48(ASC740) FOOTNOTE HH HAS BEEN DETERMINED TO QUALIFY AS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) OF THE CODE. MOST OF THE INCOME RECEIVED BY THE ASSOCIATION 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 ASSOCIATION AND ITS AFFILIATES FILE FEDERAL AND STATE INCOME TAX RETURNS. THE ASSOCIATION 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 ASSOCIATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.</p> |

**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

2019

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" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region | (d) Activities conducted in region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and the Caribbean | 0 | 0 | Investments | | 20,967,208 |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 20,967,208 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 20,967,208 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
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- 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" on 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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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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 3 | THE AMOUNT OF THE INVESTMENTS IN PART I WAS DETERMINED USING MARKET VALUE. |

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**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.

Department of the Treasury
Internal Revenue Service

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 10 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 | | | |
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| 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) Total events |
|--|--|--------------|----------------------------|---------------------------------|
| | <u>FALL FESTIVAL</u> (event type) | (event type) | <u>0</u> (total number) | (add col. (a) through col. (c)) |
| 1 Gross receipts | 456,500 | | | 456,500 |
| 2 Less: Contributions | 243,050 | | | 243,050 |
| 3 Gross income (line 1 minus line 2) | 213,450 | | | 213,450 |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | | | |
| | 6 Rent/facility costs | 25,215 | | 25,215 |
| | 7 Food and beverages | 1,153 | | 1,153 |
| | 8 Entertainment | 3,800 | | 3,800 |
| | 9 Other direct expenses | 189,603 | | 189,603 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 219,771 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -6,321 |

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

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
Pasadena Hospital Association LTD

Employer identification number
95-1644036

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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 _____ % | 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 _____ % | 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"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | 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? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | 1,192 | 5,232,491 | 1,984,930 | 3,247,561 | 0.450 % |
| b Medicaid (from Worksheet 3, column a) | | 29,293 | 95,699,138 | 59,087,257 | 36,611,881 | 5.100 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 30,485 | 100,931,629 | 61,072,187 | 39,859,442 | 5.550 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 25 | 734,504 | 6,764,647 | 7,066 | 6,757,581 | 0.940 % |
| f Health professions education (from Worksheet 5) | 3 | 1,717 | 23,816,437 | 1,459,741 | 22,356,696 | 3.120 % |
| g Subsidized health services (from Worksheet 6) | 5 | 6,231 | 6,323,716 | 368,693 | 5,955,023 | 0.830 % |
| h Research (from Worksheet 7) | 1 | | 1,491,737 | 361,900 | 1,129,837 | 0.160 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 5 | 1,527 | 587,655 | | 587,655 | 0.080 % |
| j Total. Other Benefits | 39 | 743,979 | 38,984,192 | 2,197,400 | 36,786,792 | 5.130 % |
| k Total. Add lines 7d and 7j | 39 | 774,464 | 139,915,821 | 63,269,587 | 76,646,234 | 10.680 % |

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 | 153 | 108,001 | 0 | 108,001 | 0.020 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | 1 | 545 | 289,369 | | 289,369 | 0.040 % |
| 7 Community health improvement advocacy | 1 | 208 | 36,439 | | 36,439 | 0 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 4 | 906 | 433,809 | 0 | 433,809 | 0.060 % |

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 11,995,627 | |
| 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. | 3 114,872 | |
| 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) | 5 137,962,197 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 160,194,338 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 -22,232,141 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 HASC(INDIRECT OWNER) | OUTPATIENT SURGERY | 99.82 % | | 0.18 % |
| 2 HOPIC | OUTPATIENT IMAGING | 30 % | | 70 % |
| 3 HHI LLC | OUTPATIENT IMAGING | 50 % | | 50 % |
| 4 | | | | |
| 5 | | | | |
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Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

| See Additional Data Table | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
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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 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: 20 <u>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| 6b | 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: 20 <u>20</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 | |
| 10b | 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 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: | 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? | 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): | 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): | 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 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: 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | Yes |
|-----------|---|----|-----|

Part V Facility Information *(continued)*

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

HUNTINGTON 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, 20a, 20b, 20c, 20d, 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 | |
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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? 9

| 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 HUNTINGTON HILL IMAGING LLC 1509 WEST CAMERON AVE SUITE D-100 WEST COVINA, CA 91790 | OUTPATIENT IMAGING CENTER |
| 7 PRE OP TESTING AND OP LABORATORY 625 S FAIR OAKS AVE SUITE 345 PASADENA, CA 91105 | OUTPATIENT LABORATORY SVCS |
| 8 NEUROSCIENCES PROGRAM 625 S FAIR OAKS AVE SUITE 325 PASADENA, CA 91105 | DIAGNOSTIC TREATMENT CENTER |
| 9 OUTPATIENT CARDIOVASCULAR LABORATORY 625 S FAIR OAKS AVE SUITE 345 PASADENA, CA 91105 | DIAGNOSTIC TREATMENT CENTER |
| 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 INCREASE OVER THE PREVIOUS YEAR OF TY 12/31/18 (5.15% IN TY 12/31/18 COMPARED TO 5.24% IN TY 12/31/19). 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 12/31/19, THE IMPACT OF THE HOSPITAL FEE PROGRAM WAS A \$1.4 MILLION LOSS WHICH WAS RECORDED BY HUNTINGTON MEMORIAL HOSPITAL. THIS LOSS IS INCLUDED ON SCHEDULE H, PART I, LINE 7(B). FOR THE NEXT 30-MONTH HOSPITAL PROGRAM PERIOD BEGINNING JULY 1, 2019, THE HOSPITAL IS PROJECTED TO BE A NET CONTRIBUTOR OF \$14.8M HOWEVER, THE HOSPITAL HAS APPLIED FOR GRANT FUNDING FROM THE CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) ON AUGUST 12, 2020. 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. 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. PROGRAMS. 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 IMPROVEMENT SERVICES AND COMMUNITY BENEFITS OPERATION PROGRAMS INCLUDES THE NUMBER OF INDIVIDUALS VISITING THE PHA AND HEALTHY PASADENA WEBSITES, AMONG OTHER RELATED PROGRAMS. EXAMPLES OF THESE OTHER PROGRAMS INCLUDES BREAST CANCER AWARENESS, HEART DISEASE AWARENESS, DIABETES EDUCATION AND SUPPORT GROUPS, HEALTH FAIRS, CANCER SUPPORT GROUPS, NICU SUPPORT GROUPS ACTIVITIES 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/MEDI-CAL 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/MEDI-CAL 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, 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 0.87 PERCENT. THIS PERCENTAGE WAS APPLIED TO THE 2019 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 HEALTH NEEDS ASSESSMENT EVERY 3 YEARS, IN ACCORDANCE WITH CALIFORNIA COMMUNITY BENEFITS LEGISLATION FOR NOT-FOR-PROFIT HOSPITALS AND FEDERAL SECTION 501(R) REQUIREMENTS. REVIEW AND ANALYSIS OF DEMOGRAPHICS AND HEALTH-RELATED DATA, COMPARED WITH NATIONAL BENCHMARKS AND REGIONAL EXPERIENCES, COMBINED WITH CONSULTATION WITH COMMUNITY LEADERS AND REPRESENTATIVES OF LOCAL AGENCIES INCLUDING THOSE SERVING THE POOR, MINORITY AND OTHER VULNERABLE POPULATIONS, ARE CONSIDERED IN IDENTIFYING THE PRIORITY HEALTH NEEDS AND OPPORTUNITIES FOR IMPROVEMENT TO ARRIVE AT THE COMMUNITY HEALTH NEEDS USED IN DETERMINING THE 2020-2022 IMPLEMENTATION STRATEGY AND ANNUAL COMMUNITY BENEFITS PLAN 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 |
|------------------------------------|---|
| <p>SCHEDULE H, PART VI, LINE 4</p> | <p>COMMUNITY INFORMATION THE 2019 CHNA OF GREATER PASADENA FOCUSES ON THE HUNTINGTON HOSPITAL PRIMARY SERVICE AREA, A GEOGRAPHIC AREA THAT IS COMPRISED OF NINE CONTIGUOUS ZIP CODES AND INCLUDES THE COMMUNITIES OF PASADENA (ZIP CODES 91101, 91103, 91104, 91105, 91106, 91107), ALTADENA (ZIP CODE 91101), SOUTH PASADENA (ZIP CODE 91030), AND SAN MARINO (ZIP CODE 91108). PHA IS THE ONLY HOSPITAL FACILITY WITHIN THE GREATER PASADENA AREA (CHNA SERVICE AREA), HOWEVER PHA IS ONE OF 16 ACUTE CARE HOSPITALS IN THE SAN GABRIEL VALLEY AND THE ONLY LEVEL II TRAUMA CENTER AS WELL AS THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) IN THE REGION. THE POPULATION OF GREATER PASADENA IS 235,819, REPRESENTING APPROXIMATELY 2.3% OF THE ENTIRE POPULATION OF LOS ANGELES COUNTY. AMONG THE HIGHLIGHTS: - THERE ARE 25,628 CHILDREN UNDER 18 YEARS OF AGE IN GREATER PASADENA (18% OF THE POPULATION) AND 21,921 ADULTS OVER 65 YEARS OF AGE IN GREATER PASADENA (15% OF THE POPULATION). IN THE LAST TEN YEARS, THE PERCENTAGE OF CHILDREN HAS DECREASED BY 10% AND THE PERCENTAGE OF OLDER ADULTS HAS INCREASED BY 15% - THE POPULATION OF GREATER PASADENA IS RACIALLY AND ETHNICALLY DIVERSE, WITH WHITES COMPROMISING APPROXIMATELY 36% OF THE TOTAL POPULATION, HISPANICS 34%, ASIANS 16%, AND BLACKS (10%) - THE MAJORITY OF THE POPULATION SPEAKS ENGLISH AT HOME (57%), FOLLOWED BY SPANISH (23%), MANDARIN AND OTHER ASIAN LANGUAGES (13%), AND INDO-EUROPEAN LANGUAGES INCLUDING ARMENIAN (6%) - MEDIUM HOUSEHOLD INCOME IN 2019 WAS \$92,266 - MEDIUM INCOME WAS SIGNIFICANTLY LOWER IN TWO OF THE ZIP CODES OF THE GREATER PASADENA AREA (MEDIAN HOUSEHOLD INCOME WAS \$64,223 IN ZIP CODE 91101 AND \$69,334 IN ZIP CODE 91103) - EDUCATIONAL ATTAINMENT OF ADULTS 25 YEARS AND OLDER IS HIGH, WITH APPROXIMATELY 51% HAVING EARNED A BACHELORS DEGREE OR HIGHER; HOWEVER, APPROXIMATELY 12% OF ADULTS DO NOT HAVE A HIGH SCHOOL DIPLOMA - AN ESTIMATED 8.3% OF FAMILIES IN GREATER PASADENA LIVED BELOW THE FEDERAL POVERTY LEVEL - 16.3% OF PERSONS 65 YEARS AND OLDER LIVED BELOW IN THE FEDERAL POVERTY LEVEL - THERE WERE 677 HOMELESS INDIVIDUALS IN THE CITY OF PASADENA AS OF JANUARY 2019; 25% ARE CHRONICALLY HOMELESS AND 40% ARE OVER AGE 50 YEARS - THE RATE OF INSURED PERSONS IN PASADENA HAS INCREASED STEADILY SINCE 2010, TO 90% IN 2017 - LEADING CAUSES OF DEATH AND PREMATURE DEATH INCLUDE HEART DISEASE, STROKE, HYPERTENSIVE DISEASES AND CANCER - RACIAL DISPARITIES EXIST AMONG INFLUENZA AND PNEUMONIA DEATHS, WITH DEATHS HIGHEST AMONG WHITES - THE OVERALL NUMBER OF BIRTHS HAS DECLINED BY ABOUT 50 BIRTHS EACH YEAR IN THE PAST TEN YEARS, RESULTING IN 25% FEWER BIRTHS IN PASADENA - PRENATAL CARE ACCESS IS LOWEST AMONG BLACK MOTHERS AND HISPANIC MOTHERS WHEN COMPARED TO WHITES AND ASIAN MOTHERS - THE THREE-YEAR AVERAGE RATES OF INFANT MORTALITY ARE HIGHEST AMONG BLACK INFANTS AND EXCEED THE HEALTHY PEOPLE 2020 GOAL - APPROXIMATELY 10% OF NEW MOTHERS REPORTED PRENATAL DEPRESSION SYMPTOMS AND 15% REPORTED POSTPARTUM DEPRESSION SYMPTOMS (THE RATE APPEARS TO BE DECLINING) - APPROXIMATELY 36% OF ADOLESCENTS ARE OVERWEIGHT/OBESE IN SPA 3 - APPROXIMATELY 56% OF ADULTS ARE OVERWEIGHT/OBESE IN SPA 3</p> |
| <p>SCHEDULE H, PART VI, LINE 5</p> | <p>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 MEDICAL 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.</p> |

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 2019 (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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | 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 2019 CHNA AND 2020-2022 IMPLEMENTATION STRATEGY. FOR A DESCRIPTION OF THE PROCESS SEE PAGES 58-60 OF THE 2019 CHNA AVAILABLE AT THE FOLLOWING WEBSITE: HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/WP-CONTENT/UPLOADS/2020/06/PASADENA-CHNA-V21-11-26-2019.PDF HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/WP-CONTENT/UPLOADS/2020/04/IMPLEMENTATION-STRATEGY-2019.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 5 | IN THE 2019 CHNA, THE QUALITATIVE PROCESS GATHERED INFORMATION FROM NINE LISTENING SESSIONS WITH AREA RESIDENTS AND 32 INDIVIDUAL INTERVIEWS. REPRESENTATIVES IN THE LISTENING SESSIONS WERE ORGANIZED INTO THE FOLLOWING GROUPS, REPRESENTING VULNERABLE POPULATIONS: - AFRICAN AMERICAN YOUTH - AFRICAN AMERICAN ADULTS - ASIAN AMERICAN (CHINESE) ADULTS - LGBTQ SENIORS - SPANISH-SPEAKING LATINA MOTHERS - SENIOR ADULTS (MULTIPLE LISTENING SESSIONS) INTERVIEWS WERE CONDUCTED WITH A WIDE VARIETY OF ORGANIZATIONAL LEADERS, INCLUDING REPRESENTATIVES FROM THE FOLLOWING: - FAITH-BASED ORGANIZATIONS/FAITH COMMUNITY - AMBULATORY CARE CLINICS/MEDICALLY UNDERSERVED ADULTS - MATERNAL CARE MANAGEMENT PROGRAM/EXPECTANT AFRICAN AMERICAN MOTHERS AND FAMILIES - YOUTH-ADVOCACY NON-PROFIT ORGANIZATIONS/AT-RISK YOUTH - GOVERNMENTAL CHILD SERVICES AGENCY/YOUTH, FAMILIES, AT-RISK CHILDREN AND FAMILIES - BEHAVIORAL AND MENTAL HEALTH CARE AGENCY/MENTAL HEALTH MEDICALLY UNDERSERVED - LOCAL SCHOOL DISTRICT - PASADENA DEPARTMENT OF PUBLIC HEALTH - LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, SERVICE PLANNING AREA 3 (SAN GABRIEL VALLEY) - LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH - HEALTH CONSORTIUM OF THE GREATER SAN GABRIEL VALLEY - EAST SAN GABRIEL VALLEY CONSORTIUM FOR THE HOMELESS - SAN GABRIEL VALLEY ECONOMIC PARTNERSHIP - AMERICAN CANCER SOCIETY, INC. - CALIFORNIA DIVISION THE INPUT FROM THESE INDIVIDUALS AND ORGANIZATIONAL LEADERS AND REPRESENTATIVES WAS PROVIDED DURING THE PERIOD OF MID-JANUARY THROUGH MID-NOVEMBER 2019. |

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 2019 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: HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/COMMUNITY/COMMUNITY-BENEFIT/ |

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: HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/WP-CONTENT/UPLOADS/2020/06/PASADENA-CHN A-V21-11-26-2019.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: HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/WP-CONTENT/UPLOADS/2020/04/IMPLEMENTATI ON-STRATEGY-2019.PDF OTHER WEBSITE: HTTPS://WWW.HUNTINGTONHOSPITAL.ORG/WP-CONTENT/UPLOADS/2020/04/IMPLEMENTATI ON-STRATEGY-2019.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, A HUNTINGTON HOSPITAL CHNA WORKGROUP, WITH EXECUTIVE MANAGEMENT TEAM PARTICIPATION, DETERMINED THAT THE HOSPITAL'S FOUR PRIORITY HEALTH NEEDS FOR THE NEXT THREE YEARS, 2020 - 2022, WILL BE: - ACCESS TO HEALTH CARE SERVICES, WITH A FOCUS ON IMPROVING ACCESS TO HEALTH CARE SERVICES AND STRENGTHENING THE CONTINUUM OF CARE - OLDER ADULTS AND AGING, WITH A FOCUS ON SUPPORTING INDEPENDENCE AND HEALTHY AGING - MATERNAL/INFANT AND CHILD/ADOLESCENT HEALTH, WITH A FOCUS ON CHILD AND ADOLESCENT HEALTH, WITH A FOCUS ON IMPROVING STUDENT HEALTH AND RELATED ISSUES SUCH AS MENTAL HEALTH AND HOUSING AND FOOD INSECURITY - EXERCISE, NUTRITION AND WEIGHT, WITH AN EMPHASIS ON SUPPORTING HEALTHY LIFESTYLES FOR EACH OF HEALTH NEEDS IDENTIFIED ABOVE, SUPPORTING PROGRAMS AND SERVICES - AS WELL AS COMMUNITY PARTNERSHIPS - DIRECTLY RELATED TO BOTH MENTAL HEALTH AND FOOD AND HOUSING INSECURITY ARE ADDRESSED. NUMEROUS PROGRAMS IN RESPONSE TO THESE NEEDS ARE PRESENTED IN THE IMPLEMENTATION STRATEGY, INCLUDING ENROLLMENT AND NAVIGATION ASSISTANCE, SUPPORT PROGRAMS FOR A VARIETY OF HEALTH CONDITIONS AND LIFE SITUATIONS (SUCH AS PREGNANCY, CHILDBIRTH, FOOD INSECURITY AND GRIEF), TAILORED EDUCATION SESSIONS, SOCIAL PROGRAMMING, AND RESOURCES TO INCREASE INDEPENDENCE AND HEALTH. THESE SIGNIFICANT HEALTH NEEDS WERE SELECTED BECAUSE APPROACHES TO THEIR IMPROVEMENT ARE COMPATIBLE WITH THE HOSPITAL'S MISSION, VISION, CORE VALUES AND COMMITMENT; RESOURCES AND EXPERTISE, PROVIDING THE BEST OPPORTUNITY TO POSITIVELY ASSIST AND SUPPORT OUR COMMUNITY. 1. ACCESS TO HEALTH CARE SERVICES MEASURABLE OBJECTIVE: INCREASE ACCESS TO HEALTH CARE SERVICES FOR NONELDERLY RESIDENTS OF GREATER PASADENA. SUPPORTING STRATEGIES: - PROVIDE NAVIGATION ASSISTANCE TO OBTAIN HEALTH INSURANCE AND/OR SERVICES AVAILABLE FOR VULNERABLE PERSONS - PROVIDE HEALTHCARE OUTREACH SERVICES - OFFER AFFORDABLE, HIGH-QUALITY PRIMARY AND SPECIALTY HEALTHCARE TO THE UNDERSERVED POPULATION - PROVIDE MEDICAL CLINICS IN THE COMMUNITY TO SUPPLEMENT EXISTING SERVICES TO REACH ADULT UNDERSERVED RESIDENTS - PROVIDE SUPPORT TO PUBLIC AND PRIVATE ENTITIES TO ENHANCE HEALTH CARE SERVICES 2. OLDER ADULTS AND AGING MEASURABLE OBJECTIVE: INCREASE ACCESS TO A VARIETY OF DEDICATED PROGRAMS FOR SENIORS THAT FOSTER INDEPENDENCE AND WELL-BEING. SUPPORTING STRATEGIES: - PROVIDE OLDER ADULTS AND THEIR FAMILY CAREGIVERS WITH ENROLLMENT ASSISTANCE, SERVICES, INFORMATION, EDUCATION, AND SUPPORT - COORDINATE, INFORM, AND ADMINISTER FLU SHOTS DURING FLU SEASON IN A VARIETY OF CONVENIENT LOCATIONS - SUPPORT PERSONS WITH CHRONIC DISEASES, LIMITED RESOURCES, AND PSYCHOSOCIAL ISSUES WHICH LEAD TO HOSPITALIZATION AND THREATEN INDEPENDENCE - SUPPORT LOW-INCOME SENIORS TO LIVE INDEPENDENTLY IN THEIR HOMES - SUPPORT LOW-INCOME SENIORS WHO LACK TRANSPORTATION TO LIVE INDEPENDENTLY IN THEIR HOMES - OFFER ONGOING, YEAR-ROUND OPPORTUNITIES FOR VOLUNTEERING, AS A MEANS TO INCREASE SOCIAL PARTICIPATION AND HEALTH</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>Y AGING 3. MATERNAL/INFANT AND CHILD/ADOLESCENT HEALTH MEASURABLE OBJECTIVE: INCREASE ACCE SS TO A VARIETY OF DEDICATED PROGRAMS THAT FOSTER HEALTH AND WELL-BEING. SUPPORTING STRATE GIES: - PROVIDE ROUTINE MATERNITY TOURS AND ORIENTATIONS, PREPARED CHILDBIRTH EDUCATION CL ASSES, SUPPORT PROGRAMS TO ASSIST WITH PREGNANCY AND POSTPARTUM, AND SPECIALIZED PROGRAMS FOR PARENTS WITH AN INFANT IN THE NICU - PROVIDE NO-COST SERVICES INCLUDING INDIVIDUAL AST HMA EDUCATION AND AN ASTHMA CLINIC FOR CHILDREN, ADOLESCENT AND ADULTS - PURSUE DEVELOPMEN T OF STRATEGIES TO REDUCE HOSPITAL SURPLUS FOOD VIA PARTNERING WITH COMMUNITY ORGANIZATION S TO REDISTRIBUTE FOOD - CONTINUE GRANT-FUNDED EFFORT TO INSTITUTE SPECIALIZED PROGRAMMING WITH PUSD - WORK COLLABORATIVELY WITH PUSD AND AREA PUBLIC AND COMMUNITY ORGANIZATIONS TO ENHANCE EFFORTS TO ASSIST HOMELESS CHILDREN AND THEIR FAMILIES PROVIDE HEALTH EDUCATION A ND SUPPORT IN THE COMMUNITY 4. EXERCISE, NUTRITION AND WEIGHT MEASURABLE OBJECTIVE: INCREA SE PARTICIPATION IN DEDICATED COMMUNITY PROGRAMS AND SERVICES TO MAINTAIN HEALTHY LIFESTYL ES. SUPPORTING STRATEGIES: - PROVIDE HEALTH EDUCATION AND SUPPORT IN THE COMMUNITY - PROVI DE HEALTH EDUCATION AND SUPPORT FOR INDIVIDUALS AND CAREGIVERS WITH DIABETES - PURSUE DEVE LOPMENT OF A PROGRAM OF TARGETED OUTREACH - VIA BARBERSHOPS - TO AFRICAN AMERICAN MEN - ON AN ONGOING BASIS, OFFER SPECIALIZED SUPPORT GROUPS AND SERVICES FOR INDIVIDUALS, FAMILIES , AND CAREGIVERS</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 16A | https://www.huntingtonhospital.org/patients/cost-of-care/#financial-assistance SCHEDULE H, PART V, SECTION B, LINES 16B https://www.huntingtonhospital.org/patients/cost-of-care/#financial-assistance SCHEDULE H, PART V, SECTION B, LINES 16C https://www.huntingtonhospital.org/patients/cost-of-care/#financial-assistance |

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. |

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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.

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 | 22 | 110,000 | | | |
| (2) INDIGENT ASSISTANCE | 807 | | 75,799 | 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) | 262,806 | | | | SPONSOR |
| AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231 | 13-5613797 | 501(C)(3) | 140,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH SUI CITY OF INDUSTRY, CA 91746 | 95-2557063 | 501(C)(3) | 10,000 | | | | SPONSOR |
| PASADENA RONALD MCDONALD HOUSE 763 S PASADENA AVE PASADENA, CA 91105 | 95-3167869 | 501(C)(3) | 10,000 | | | | 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 CENTER OF LA CANADA 4469 CHEVY CHASE DR LA CANADA FLINTRIDGE, CA 91011 | 95-1950612 | 501(C)(3) | 7,500 | | | | SPONSOR |
| CONVALESCENT AID SOCIETY 3255 E FOOTHILL BLVD PASADENA, CA 91107 | 95-1782304 | 501(C)(3) | 7,500 | | | | SPONSOR |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 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 idemnification 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 idemnification 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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 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 on 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 | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
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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 DR. LORI MORGAN, MD, MBA, CEO HAS A MEMBERSHIP IN ATHENAEUUM AND THE VALLEY HUNT CLUB, WHICH ARE SOCIAL CLUBS IN PASADENA. THE USAGE OF CLUBS WAS PRIMARILY FOR BUSINESS PURPOSES. |
| SCHEDULE J, PART I, LINE 4A | SUPPLEMENTAL COMPENSATION INFORMATION THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY DURING THE YEAR. DEBRA L. TAFOYA - \$168,000 EUGENE E. GUTIEREZ IV - \$128,911 |
| SCHEDULE J, PART I, LINE 4B | 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. 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: STEPHEN A. RALPH - \$115,000 RAJINDER S. TAKHAR - \$117,600 EUGENE E. GUTIEREZ IV - \$30,400 JOHN F. GOEDERS - \$65,999 GABRIELLA SHERMAN, MD - \$82,797 457(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 2019 PAYOUTS WERE RELATED TO THE INITIAL YEAR PLAN CONTRIBUTIONS FOR PARTICIPANTS THAT WERE VESTED IN THE INITIAL PLAN YEAR OF 2014: JANE HADERLEIN - \$437,810 DEBRA A. ORTEGA - \$323,039 EUGENE E. GUTIEREZ IV - \$1,724 GLORIA M. SANCHEZ-RICO - \$4,500 GABRIELLA SHERMAN, MD - \$12,770 ADDITIONAL AMOUNTS RELATING TO THE 457(F) EXECUTIVE SUPPLEMENTAL RETIREMENT PLAN WERE ACCRUED DURING 2019 TO PROPERLY REFLECT PRIOR YEAR ACTIVITY. |

Additional Data

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

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 | | | | |
| 1ILIN OHANESSIANS DIR AMBOP, NEURO, REHAB | (i) | 217,639 | 63,977 | 8,583 | 18,939 | 17,330 | 326,468 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1LORI J MORGAN MD MBA BD OF DIR/PRESIDENT & CEO | (i) | 926,120 | 364,080 | 157,321 | 211,807 | 14,400 | 1,673,728 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2STEPHEN A RALPH BD OF DIRECTORS-PRES. EMERITUS | (i) | 599,721 | 246,000 | 134,000 | 74,401 | 6,963 | 1,061,085 | 115,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3TIMOTHY S ALBERT HHP EXECUTIVE MEDICAL DIRECTOR | (i) | 337,772 | 0 | 127,862 | 5,100 | 11,211 | 481,945 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4JANE HADERLEIN SVP PHILANTHROPY & PR | (i) | 434,364 | 149,850 | 458,052 | 172,783 | 16,705 | 1,231,754 | 437,810 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5PAULA VERRETTE SVP & CMO QUALITY & PHYS. SVCS | (i) | 364,726 | 151,191 | 27,487 | 38,821 | 5,191 | 587,416 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6STEVEN L MOHR SVP & CFO | (i) | 428,842 | 100,000 | 28,558 | 45,333 | 13,682 | 616,415 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7RAJINDER S TAKHAR SVP, STRAT & PRVDR INTEGRATION | (i) | 527,253 | 178,200 | 155,875 | 86,763 | 17,085 | 965,176 | 117,600 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8DEBRA A ORTEGA CHRO & SVP ADMINISTRATIVE SVCS | (i) | 329,692 | 108,900 | 347,128 | 104,556 | 11,704 | 901,980 | 323,039 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9DEBRA L TAFOYA FORMER KEY EMPLOYEE | (i) | 0 | 0 | 168,000 | -30,785 | 0 | 137,215 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 CHARLES J CASEY-SUDVARY INTERIM CIO | (i) | 252,056 | 22,771 | 0 | 8,057 | 17,330 | 300,214 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11EUGENE E GUTIEREZ IV FORMER KEY EMPLOYEE | (i) | 208,911 | 68,343 | 186,439 | 16,988 | 9,127 | 489,808 | 32,124 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 GLORIA M SANCHEZ-RICO SVP & CHIEF NURSING OFFICER | (i) | 329,367 | 116,550 | 25,159 | 140,146 | 16,705 | 627,927 | 4,500 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13CATHERINE L CHADWELL EXEC DIRECTOR PHILANTHROPY | (i) | 226,918 | 33,396 | 0 | 100,940 | 17,330 | 378,584 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14JOHN F GOEDERS VP STRATEGIC PLANNING/REVENUE | (i) | 278,000 | 105,037 | 68,362 | 56,763 | 17,340 | 525,502 | 65,999 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15GABRIELLA SHERMAN MD VP QUALITY & CLINICAL OPS | (i) | 387,569 | 95,482 | 111,777 | 36,816 | 16,695 | 648,339 | 95,567 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16PHUC X MAI DIRECTOR PHARMACY | (i) | 254,545 | 25,372 | 0 | 312 | 16,705 | 296,934 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17SCOTT GROOM SVP, CIO | (i) | 448,662 | 123,750 | 97,110 | 65,955 | 9,894 | 745,371 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18JEFFREY P WEIGAND CONGRESS ADMIN AND REAL ESTATE | (i) | 184,310 | 0 | 0 | 14,745 | 0 | 199,055 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19TERENCE OU VP, ENTERPRISE COMPL/RISK/INT | (i) | 237,567 | 37,830 | 20,928 | 40,000 | 17,095 | 353,420 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| 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 | | | | |
| 21 SCOTT A ARMSTRONG EXEC DIR FINANCE OPERATIONS | (i) | 242,200 | 85,127 | 9,707 | 15,954 | 17,085 | 370,073 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 GAIL CINEXI VP, CLINICAL & SUPPORT SVCS | (i) | 288,882 | 54,418 | 18,269 | 83,474 | 5,665 | 450,708 | 0 |
| | (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

OMB No. 1545-0047

2019

▶ 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 instructions and 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 Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A ca Statewide Communities Development AUTHORITY | 68-0164610 | 13080SCT9 | 05-07-2014 | 51,196,500 | SEE PART VI | | X | | X | | X |
| B CA Statewide Communities Development Authority | 68-0164610 | 13080SEA8 | 12-04-2014 | 168,043,186 | SEE PART VI | | X | | X | | X |
| C CA Statewide Communities Development Authority | 68-0164610 | 13080STK0 | 05-02-2018 | 108,846,145 | SEE PART VI | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|----|--|------------|----|-------------|----|-------------|----|-----|----|
| 1 | Amount of bonds retired | 0 | | 7,895,000 | | 240,000 | | | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | | |
| 3 | Total proceeds of issue | 51,558,216 | | 168,098,746 | | 112,003,132 | | | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | | |
| 7 | Issuance costs from proceeds | 670,021 | | 2,478,240 | | 1,712,276 | | | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | | |
| 10 | Capital expenditures from proceeds | 50,985,200 | | 0 | | 44,163,102 | | | |
| 11 | Other spent proceeds | 0 | | 165,620,506 | | 0 | | | |
| 12 | Other unspent proceeds | 1,468 | | 0 | | 66,127,754 | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | X | | X | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | X | | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | X | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | |

Part III Private Business Use

| | | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | X | | | X | | |

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 ▶ | | 0 % | | 0 % | | 0 % | | |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | |
| 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. |

| Return Reference | Explanation |
|-------------------------|--|
| 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. |

| Return Reference | Explanation |
|-------------------------|---|
| 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 5TH YEAR REBATE WAS PREPARED BY BLX GROUP LLC AND DATED MAY 7, 2019. |

| Return Reference | Explanation |
|-------------------------|---|
| BOND ISSUE B | PART I, COLUMN (F): THE BONDS REFUND THE SERIES 2005 (ISSUED 05/18/15). |

| Return Reference | Explanation |
|-------------------------|--|
| 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. |

| Return Reference | Explanation |
|-------------------------|---|
| PART II, LINE 13: | SINCE THE PROCEEDS OF THE 2014 BONDS ARE USED FOR REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE. |

| Return Reference | Explanation |
|-------------------|---|
| 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. PART IV, LINE 2 (C): THE 5TH YEAR REBATE WAS PREPARED BY BLX GROUP LLC AND DATED DECEMBER 15, 2019. |

| Return Reference | Explanation |
|-------------------------|--|
| 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. |

| Return Reference | Explanation |
|-------------------------|--|
| 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. |

| Return Reference | Explanation |
|-------------------|--|
| 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. |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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 | 681,702 | | No | Yes | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 681,702 | | | | | |

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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
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Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 95-1644036

Name: Pasadena Hospital Association LTD

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 24,591,825 | MEDICAL SUPPLIES | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 17,536,154 | CONSTRUCTIONS | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (3) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 5,063,433 | PATIENT REVENUE SYSTEM | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 4,189,561 | FOOD SVCS AND MGMT | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (5) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 3,450,595 | CONSTRUCTIONS | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 2,819,723 | CONSTRUCTIONS | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (7) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 2,251,566 | INSURANCE | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 2,167,740 | HEALTH PLAN TPA | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (9) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 1,838,141 | LEGAL | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 1,593,733 | CONSULTING SVCS | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (11) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 1,464,380 | MEDICAL GROUP | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 766,071 | EXTENDED BUSINESS OFFICE | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (13) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 730,915 | LEGAL | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 646,506 | PURCHASING SUPPLIES MGMT | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (15) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 561,044 | PUBLICATION | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 440,671 | MEDICAL GROUP | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (17) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 354,300 | PARKING MANAGEMENT | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 229,234 | LEGAL | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (19) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 143,133 | LEGAL | | No |
| (1) SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 127,486 | CONSTRUCTIONS | | No |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

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 | X | 1 | 1,300 | SELLING PRICE |
| 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 | 21 | 278,729 | 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 ▶ (_____) | | | | |
| 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 | 0 |
|--|-----------|---|

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 isn't required to be used for exempt purposes for the entire holding period?

| | | | |
|--|------------|-----|----|
| | 30a | Yes | No |
| | | | 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?

| | | | |
|--|-----------|-----|--|
| | 31 | Yes | |
|--|-----------|-----|--|

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

| | | | |
|--|------------|-----|--|
| | 32a | Yes | |
|--|------------|-----|--|

b If "Yes," describe in Part II.

33 If the organization didn't 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 M, LINE 32A | SOLICITATION, PROCESSING, OR NONCASH CONTRIBUTIONS HUNTINGTON HOSPITAL USES MORGAN STANLEY TO SELL THE STOCK DONATIONS AND RITEWAY TO SELL THE CARS RECEIVED FROM DONORS. RITEWAY WILL ISSUE FORM 1099-C TO THE DONOR IF NECESSARY. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| <p>FORM 990, PART III, LINE 4A</p> | <p>FOUNDED IN 1892, HUNTINGTON HOSPITAL IS COMMITTED TO PROVIDING EXCELLENT PATIENT CARE DELIVERED WITH COMPASSION AND RESPECT. HUNTINGTON HOSPITAL IS A 619-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL LOCATED IN PASADENA, CALIFORNIA. 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 LEVEL II TRAUMA CENTER IN THE REGION AS WELL AS THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU). IN ADDITION, HUNTINGTON HOSPITAL OFFERS WOMEN'S AND CHILDREN'S SERVICES, STATE-OF-THE ART ORTHOPEDIC SURGERY, IN-AND OUTPATIENT PSYCHIATRIC SERVICES, HUNTINGTON HOSPITAL SENIOR CARE NETWORK, AND HUNTINGTON AMBULATORY CARE CENTER. THROUGH AN ONGOING PARTNERSHIP BETWEEN HUNTINGTON HOSPITAL AND SHRINERS HOSPITALS 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 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, CONTRACTS EXCLUSIVELY WITH HUNTINGTON HOSPITAL IN THE SAN GABRIEL VALLEY FOR ALL ACUTE CARE HOSPITAL AND OUTPATIENT CLINICAL SERVICES. HUNTINGTON HOSPITAL ALSO PARTNERS WITH UNIVERSITY 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 KECK SCHOOL OF MEDICINE OF USC, HUNTINGTON HOSPITAL SUPPORTED 25 INTERNAL MEDICINE AND 17 GENERAL SURGERY RESIDENTS IN 2019. MORE THAN ONE-THIRD OF THESE RESIDENTS REMAIN IN THE AREA TO PRACTICE, PROVIDING A SEAMLESS TRANSITION THROUGH GENERATIONS OF CARE. RECENTLY, HUNTINGTON HOSPITAL 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 - GOLD LEVEL WORKPLACE HEALTH ACHIEVEMENT FROM THE AMERICAN HEART ASSOCIATION, RECOGNIZING THE HOSPITALS WORKPLACE HEALTH PROGRAMS AND WORKFORCE HEALTH - DESIGNATION AS A STEMI (ST SEGMENT ELEVATION MYOCARDIAL INFARCTION) RECEIVING CENTER WHERE EMERGENCY MEDICAL SERVICE PERSONNEL GIVE PATIENTS H</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| <p>FORM 990, PART III, LINE 4A</p> | <p>AVING POSSIBLE MYOCARDIAL INFARCTIONS A 12-LEAD EKG IN THE FIELD AND A HOSPITAL TEAM IS RE ADY WHEN A PATIENT ARRIVES IN THE EMERGENCY DEPARTMENT - MAGNET DESIGNATION BY AMERICAN NU RSES CREDENTIALING CENTER. MAGNET DESIGNATION REPRESENTS THE HIGHEST LEVEL OF NATIONAL REC OGNITION TO HEALTH CARE ORGANIZATIONS THAT DEMONSTRATE SUSTAINED EXCELLENCE IN NURSING CAR E IN A HEALTHY, COLLABORATIVE, AND PROFESSIONAL WORK ENVIRONMENT. ONLY SEVEN PERCENT OF AL L ACUTE CARE HEALTH CARE ORGANIZATIONS HAVE OBTAINED THIS PRESTIGIOUS RECOGNITION - SILVER -LEVEL BEACON AWARD FOR EXCELLENCE IN CRITICAL CARE BY THE AMERICAN ASSOCIATION OF CRITICA L CARE NURSES (AACN) - 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 - HUNTING TON HOSPITAL TRAUMA CENTER IS CERTIFIED AS A LEVEL II TRAUMA CENTER BY THE VERIFICATION RE VIEW 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 I II NEONATAL INTENSIVE CARE USE WITH CALIFORNIA CHILDRENS SERVICES (CCS) CERTIFICATION - HU NTINGTON HOSPITAL RECEIVED LEAPFROG SAFETY GRADE OF "A" FOR SPRING 2020, BASED ON 28 MEASU RES OF PUBLICLY AVAILABLE HOSPITAL SAFETY DATA. PRESIDENT AND CEO OF THE LEAPFROG GROUP, R ECOGNIZED THAT "AS THE NATION COPES WITH A CHALLENGING PANDEMIC, OUR GRATITUDE EXTENDS TO HOSPITAL LEADERSHIP AND HEALTH CARE WORKERS EVERYWHERE FOR THEIR TREMENDOUS DEDICATION." - RECOGNIZED BY U.S. NEWS AND WORLD REPORT FOR BEST HOSPITAL RANKINGS 2019-20, #10 BEST HOS PITAL IN CALIFORNIA, #5 HOSPITAL IN LOS ANGELES METRO AREA, RANKED AMONG THE BEST IN THE C OUNTRY IN FOUR ADULT SPECIALTIES AND RATED HIGH PERFORMING IN TWO ADULT SPECIALTIES AND SE VEN PROCEDURES AND CONDITIONS - RECOGNIZED AS AMONG AMERICAS 100 BEST HOSPITALS FOR CARDIA C CARE AND CORONARY INTERVENTION, BY HEALTHGRADES - HUNTINGTON HOSPITAL CANCER CENTER RECE IVED FULL THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CAN CER - 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 BR EAST CENTER RECOGNIZED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - ACCREDITED FACILITY FOR ADULT TRANSTHORACIC ECHOCARDIOGRAPHY BY THE INTERSOCI ETAL ACCREDITATION COMMISSION (IAC) - HUNTINGTON HOSPITAL AWARDED THE BABY-FRIENDLY DESIGN ATION FROM BABY-FRIENDLY USA, A CREDENTIALING PROGRAM FOR HOSPITALS THAT IS PART OF AN INT ERNATIONAL INITIATIVE LED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CH ILDREN FUND (UNICEF). THE DESIGNATION IS CONSIDERED THE GOLD STANDARD OF CARE AND DEMONSTR ATES OUR WOMENS AND CHILDRENS</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 4A | 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 KNEE AND HIP REPLACEMENT SURGERIES, BARIATRIC SURGERY, CARDIAC CARE, AND SPINAL SURGERY - HUNTINGTON HOSPITAL BECAME A PARTICIPANT 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 - ORTHOPEDIC PROGRAM NAMED TO 100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT ORTHOPEDIC PROGRAMS, BY BECKERS HOSPITAL REVIEW - 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 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 2020 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 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 FEBRUARY 25, 2019. |

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 ACCRUED PENSION \$(6,345,932) LOSS ON SUBSIDIARIES \$(2,798,988) HARRIS FUND DISTRIBUTION \$193,167 ----- TOTAL \$(8,951,753) |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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 WEST CALIFORNIA BLVD PASADENA, CA 91105 95-6027688 | SUPPORT PHA | CA | 501(c)(3) | 12C | NA | | No |
| (2) HUNTINGTON MEDICAL FOUNDATION 100 WEST CALIFORNIA BLVD PASADENA, CA 91105 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 |
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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 SURG CTR SEE PART VII PASADENA, CA 91105 27-3922007 | SURGERY CENTER | CA | PHA | Related | -1,764,128 | 13,236,280 | | No | 0 | Yes | | 99.820 % |
| (2) ANGEL CARE HEALTH NETWORK LLC SEE PART VII WESTLAKE VILLAGE, CA 91362 47-2296213 | HEALTHCARE | CA | N/A | RELATED | -172,823 | 159,584 | | No | 0 | Yes | | 12.500 % |
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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 WEST CALIFORNIA BLVD PASADENA, CA 91105 95-3978299 | MANAGEMENT SVCS | CA | PHA | C Corp | 228,180 | 3,117,768 | 100.000 % | Yes | |
| (2) CHARITABLE REMAINDER TRUST (3) 000000000 | SUPPORT | CA | NA | Trust | | | | | |
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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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | Yes | |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | | No |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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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 ANGEL CARE HEALTH NETWORK LLC EIN: 47-2296213 ADDRESS: 4553 LA TIENDA ROAD, WESTLAKE VILLAGE, CA 91362 |

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 |
|---|-------------------------------------|-------------------------------|---|
| CONGRESS SERVICES CORPORATION | b | 2,379,660 | COST |
| COLLIS P & HOWARD HUNTINGTON MEM HOSP TRUST | c | 4,945,016 | COST |
| HUNTINGTON MEDICAL FOUNDATION | j | 997,227 | COST |
| HUNTINGTON AMBULATORY SURGERY CENTER | j | 1,875,354 | COST |
| HUNTINGTON MEDICAL FOUNDATION | k | 363,325 | COST |
| CONGRESS SERVICES CORPORATION | l | 52,602 | COST |
| HUNTINGTON AMBULATORY SURGERY CENTER | l | 362,985 | COST |
| HUNTINGTON MEDICAL FOUNDATION | l | 621,551 | COST |
| CONGRESS SERVICES CORPORATION | m | 170,580 | COST |
| HUNTINGTON MEDICAL FOUNDATION | m | 3,388,140 | COST |
| CONGRESS SERVICES CORPORATION | o | 718,738 | COST |
| HUNTINGTON MEDICAL FOUNDATION | o | 197,701 | COST |
| HUNTINGTON AMBULATORY SURGERY CENTER | q | 231,007 | COST |
| HUNTINGTON MEDICAL FOUNDATION | r | 8,135,000 | COST |
| HUNTINGTON AMBULATORY SURGERY CENTER | r | 1,274,371 | COST |
| ANGEL CARE HEALTH NETWORK LLC | b | 300,000 | COST |