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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PIH HEALTH HOSPITAL - WHITTIER

Doing business as

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

12401 WASHINGTON BOULEVARD

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

WHITTIER, CA 90602

F Name and address of principal officer

RICHARD WANG

12401 WASHINGTON BOULEVARD

WHITTIER, CA 90602

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.PIHHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile CA

Part I Summary

Activities & Governance

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

TO PROVIDE QUALITY HEALTHCARE AND CONTRIBUTE TO THE COMMUNITY'S HEALTH AND WELL-BEING

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) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

2019-08-01

Date

RICHARD WANG VP OF FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

REBEKU H ELEY

Preparer's signature

REBEKU H ELEY

Date

Check ☐ if self-employed

PTIN

P01247672

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 1 S WACKER DRIVE STE 800

Phone no (312) 634-3400

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**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

MISSION WHY WE ARE HERE WE PROVIDE HIGH QUALITY HEALTHCARE WITHOUTDISCRIMINATION, AND CONTRIBUTE TO THE HEALTH AND WELL-BEING OF OURCOMMUNITIES IN AN ETHICAL, SAFE, AND FISCALLY PRUDENT MANNER INRECOGNITION OF OUR CHARITABLE PURPOSE VISION WHERE WE WANT TO BE WE WILL ACHIEVE EXCELLENCE IN EVERYTHINGWE DO VALUES OUR PROMISE OUR PATIENTS' SAFETY, WELL-BEING, AND MEDICALCONDITION WILL BE OUR PRIMARY CONCERN AT ALL TIMES WE WILLCONSISTENTLY DEMONSTRATE RESPECT AND COMPASSION FOR THE BELIEFS, SITUATION, AND NEEDS OF OUR PATIENTS AND CO-WORKERS WE WILL STRIVE TOANTICIPATE NEEDS AND RESPOND IN A TIMELY WAY TO MEET OR EXCEED THEEXPECTATIONS OF OTHERS OUR ATTITUDE AND ACTIONS WILL REFLECT THEHIGHEST ETHICAL AND MORAL STANDARDS WE WILL WORK TOGETHER - WITHIN ANDOUTSIDE THE ORGANIZATION - TO SOLVE PROBLEMS AND PURSUE OPPORTUNITIESIN CREATIVE WAYS WE WILL SERVE THE COMMUNITY WISELY THROUGH THEEFFICIENT AND PRUDENT USE OF OUR FINANCIAL RESOURCES

**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

<b>4a</b>	(Code )	(Expenses \$ 370,511,395	including grants of \$ 197,851 )	(Revenue \$ 519,083,994 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 97,143,518	including grants of \$ )	(Revenue \$ 66,701,037 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 12,236,164	including grants of \$ )	(Revenue \$ 2,461,859 )
See Additional Data				

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 479,891,077

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	175	
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	3,785	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	No

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► RICHARD WANG 12401 WASHINGTON BLVD WHITTIER, CA 90602 (562) 698-0811

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

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

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 498

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ALLSCRIPTS - CHICAGO  24630 NETWORK PLACE CHICAGO, IL 60673	IT SERVICES	18,297,950
LAMBERT RADIOL MED GRP INC  11721 WHITTIER BLVD SUITE 509 WHITTIER, CA 90601	MEDICAL SERVICES	11,921,907
INTERCOMMUNITY ANESTH SVCS INC  PO BOX 511509 LOS ANGELES, CA 90051	MEDICAL SERVICES	11,634,983
WHITTIER PULM AND CRITC CARE  6905 ALTA VISTA DRIVE RANCHO PALOS VERDES, CA 90275	MEDICAL SERVICES	7,656,224
DOWNEY MEDICAL GROUP  11500 BROOKSHIRE AVENUE DOWNEY, CA 90241	MEDICAL SERVICES	3,173,185

Form 990 (2017)



**Part VIII** **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	1,040,754				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	1,040,754					
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT REVENUE		621610	472,722,217	472,722,217		
	<b>b</b> OTHER PATIENT REVENUE		621610	69,844,389	69,844,389		
	<b>c</b> HOSPITAL FEE PROGRAM		900099	33,532,814	33,532,814		
	<b>d</b> FOOD SERVICES		900099	2,902,796	2,902,796		
	<b>e</b> ARRA INCENTIVE PAYMENT		900099	44,502	44,502		
	<b>f</b> All other program service revenue			7,077,893	7,077,893		
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶	586,124,611					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			11,015,246			11,015,246
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . . ▶						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		120,656,543	2,344,922				
	<b>b</b> Less cost or other basis and sales expenses	113,078,505	2,207,022				
	<b>c</b> Gain or (loss)	7,578,038	137,900				
	<b>d</b> Net gain or (loss) . . . . . ▶			7,715,938			7,715,938
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . ▶						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>							
<b>b</b> Less cost of goods sold . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
<b>11a</b> COMMUNITY PHARMACY		624110	2,122,279	2,122,279			
<b>b</b> PURCHASE DISCOUNTS		900099	861,706			861,706	
<b>c</b>							
<b>d</b> All other revenue . . . . .			25,991		25,991		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			3,009,976				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			608,906,525	588,246,890	25,991	19,592,890	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	72,851	72,851		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	125,000	125,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	7,424,544	4,914,168	2,510,376	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	188,500,604	165,880,532	22,620,072	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,670,941	11,150,428	1,520,513	
<b>9</b> Other employee benefits.	48,155,928	42,377,217	5,778,711	
<b>10</b> Payroll taxes.	15,632,387	13,756,501	1,875,886	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	2,157,010		2,157,010	
<b>b</b> Legal.	1,765,885		1,765,885	
<b>c</b> Accounting.	38,563		38,563	
<b>d</b> Lobbying.	35,340		35,340	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,202,984	54,374,463	5,828,521	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	8,520,271	5,004,111	3,516,160	
<b>14</b> Information technology.	32,073,042	28,224,277	3,848,765	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	10,154,971	7,727,037	2,427,934	
<b>17</b> Travel.	469,549	419,717	49,832	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	69,304	32,092	37,212	
<b>20</b> Interest.	7,600,114	5,516,500	2,083,614	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	24,357,350	21,434,468	2,922,882	
<b>23</b> Insurance.	5,360,313		5,360,313	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	72,720,046	71,765,532	954,514	
<b>b</b> QUALITY ASSURANCE FEE (	23,508,485	23,508,485		
<b>c</b> BAD DEBT EXPENSE	10,503,133	10,503,133		
<b>d</b> EQUIPMENT R&M	4,743,457	4,724,272	19,185	
<b>e</b> All other expenses	10,581,081	8,380,293	2,200,788	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	547,443,153	479,891,077	67,552,076	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		271,662	<b>1</b>	268,902
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		67,651,252	<b>4</b>	71,041,882
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		5,568,606	<b>8</b>	5,421,268
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,554,562	<b>9</b>	6,103,446
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	598,189,306		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	249,636,017		
				367,452,391	<b>10c</b>	348,553,289
	<b>11</b>	Investments—publicly traded securities . . . . .		457,811,734	<b>11</b>	473,856,017
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		374,825,346	<b>15</b>	392,492,905	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,282,135,553	<b>16</b>	1,297,737,709	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		54,167,762	<b>17</b>	51,381,052
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		364,725,100	<b>20</b>	354,833,542
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		48,000,000	<b>23</b>	28,000,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		197,780,455	<b>25</b>	148,875,562
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		664,673,317	<b>26</b>	583,090,156
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		617,462,236	<b>27</b>	714,647,553
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		617,462,236	<b>33</b>	714,647,553	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,282,135,553	<b>34</b>	1,297,737,709	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	608,906,525
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	547,443,153
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	61,463,372
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	617,462,236
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,847,408
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-150,154
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	31,024,691
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	714,647,553

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-1934652  
**Name:** PIH HEALTH HOSPITAL - WHITTIER

Form 990 (2017)

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

PATIENT CARE PIH HEALTH HOSPITAL - WHITTIER BEGAN AS A COMMUNITY HOSPITAL IN 1959 AS A 501 (C)(3) NONPROFIT, 523-BED HOSPITAL, THE WHITTIER CAMPUS HAS DEVELOPED INTO A HEALTH SYSTEM OFFERING A MULTITUDE OF SERVICES PATIENT CARE IN FISCAL YEAR 2017-2018EMPLOYEES 3,373VOLUNTEERS 886NUMBER OF EMERGENCY DEPARTMENT (ED) VISITS 82,206NUMBER OF BIRTHS 1,752MEDICAL STAFF 490

**Form 990, Part III, Line 4b:**

FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS FINANCIAL ASSISTANCE, ALSO KNOWN AS CHARITY CARE, IS DEFINED AS FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO INDIVIDUALS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PIH HEALTH OFFERS A GENEROUS FINANCIAL ASSISTANCE PROGRAM, PROVIDING CHARITY CARE TO THOSE WITH FAMILY INCOME(S) AT OR BELOW 400% OF FEDERAL POVERTY LEVEL GUIDELINES IN PROVIDING SERVICES TO THOSE PATIENTS PARTICIPATING IN MEANS-TESTED GOVERNMENT HEALTH PROGRAMS, SUCH AS MEDI-CAL, PIH HEALTH REALIZES A COLLECTIVE NET LOSS EACH FISCAL YEAR DUE TO THE SHORTFALL CREATED WHEN THE PAYMENTS RECEIVED FROM THESE PROGRAMS ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES NUMBER OF PERSONS SERVED BY FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS 42,281

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**Form 990, Part III, Line 4c:**

OTHER COMMUNITY BENEFIT SERVICES COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH, CASH AND IN-KIND CONTRIBUTIONS AND COMMUNITY BUILDING FOR COMMUNITY BENEFIT ARE COMPRISED OF THE FOLLOWING COMMUNITY HEALTH IMPROVEMENT SERVICES DEFINED AS COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, WHICH EXTEND BEYOND PATIENT CARE ACTIVITIES THESE PROGRAMS INCLUDE COMMUNITY COLLABORATIVE SUPPORT AND PARTICIPATION, COMMUNITY EDUCATION, COMMUNITY INFORMATION AND REFERRAL SUPPORT, ENROLLMENT ASSISTANCE, HEALTH AND WELLNESS CENTER AT WHITTIER FIRST DAY, PREVENTATIVE HEALTH PROGRAMS AND SCREENINGS, SUPPORT GROUPS, AND TRANSPORTATION RESOURCES SNAPSHOT OF OUTCOMES MORE THAN 20,618 COMMUNITY MEMBERS WERE REACHED THROUGH A VARIETY OF COMMUNITY HEALTH IMPROVEMENT ACTIVITIES HEALTH PROFESSIONS EDUCATION THIS CATEGORY INCLUDES EDUCATIONAL PROGRAMS FOR PHYSICIANS, NURSES, STUDENTS AND OTHER HEALTH PROFESSIONALS WHEN EDUCATION IS NECESSARY OR REQUIRED BY STATE LAW, ACCREDITING BODY OR HEALTH PROFESSION SOCIETY PIH HEALTH PROGRAMS INCLUDE THE FAMILY MEDICINE RESIDENCY PROGRAM, PARAMEDIC BASE STATION TRAINING AND STUDENT EDUCATION (INTERNSHIP, EXTERNSHIP, PRECEPTORSHIP AND MENTORING PROGRAMS) SNAPSHOT OF OUTCOMES MORE THAN 1,112 STUDENT NURSES, PHYSICIAN RESIDENTS, AND OTHER INDIVIDUALS STUDYING TO BECOME HEALTHCARE PROFESSIONALS WERE PROVIDED WITH MENTORSHIP, PRECEPTORSHIP AND TRAINING OPPORTUNITIES SUBSIDIZED HEALTH SERVICES SUBSIDIZED SERVICES ARE CLINICAL PROGRAMS, WHICH ARE PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FINANCIAL ASSISTANCE, BAD DEBT AND MEDI-CAL SHORTFALLS NEVERTHELESS, THE SERVICE IS PROVIDED BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO THE RESPONSIBILITY OF GOVERNMENT OR ANOTHER NONPROFIT ORGANIZATION TO PROVIDE PIH HEALTH SERVICES PROVIDED INCLUDE DIABETES EDUCATION CENTER, EMERGENCY DEPARTMENT ON-CALL PHYSICIANS, HIGH-RISK INFANT FOLLOW-UP CLINIC, HOSPICE HOMES, PALLIATIVE CARE PROGRAM, AND PARAMEDIC BASE STATION SNAPSHOT OF OUTCOMES THE HIGH RISK INFANT FOLLOW-UP CLINIC ENSURES FAMILIES HAVE ACCESS TO SPECIALIZED CARE TO MEET THEIR CHILDREN'S DEVELOPMENTAL NEEDS, WITH APPROXIMATELY 80-100 CHILDREN SERVED EACH YEAR THE HOSPICE HOMES ENSURE ACCESS TO QUALITY, COMPASSIONATE END-OF-LIFE CARE, REGARDLESS OF ABILITY TO PAY, WITH APPROXIMATELY 200 PATIENTS SERVED EACH YEAR TOTAL INDIVIDUALS SERVED BY SUBSIDIZED HEALTH SERVICES= 12,757RESEARCH RESEARCH THAT MAY BE REPORTED AS COMMUNITY BENEFIT INCLUDES CLINICAL AND COMMUNITY HEALTH RESEARCH AS WELL AS STUDIES ON HEALTHCARE DELIVERY THAT ARE GENERALIZABLE AND SHARED WITH THE PUBLIC PIH HEALTH HAS BEEN OFFERING CLINICAL TRIALS AND RESEARCH STUDIES AIMED AT IMPROVING HEALTH AND CANCER CARE SINCE 2001 SNAPSHOT OF OUTCOMES 13 CLINICAL TRIALS WERE OFFERED WITH 35 PARTICIPATING CASH & IN-KIND CONTRIBUTIONS THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED BY PIH HEALTH TO COMMUNITY ORGANIZATIONS OR TO THE COMMUNITY-AT-LARGE FOR A COMMUNITY BENEFIT PURPOSE THESE DONATIONS INCLUDE CASH DONATIONS TO COMMUNITY ORGANIZATIONS, HOURS CONTRIBUTED BY STAFF TO THE COMMUNITY WHILE ON PIH HEALTH WORK TIME, THE COST OF MEETING SPACE PROVIDED TO COMMUNITY GROUPS, AND THE DONATIONS OF EQUIPMENT, MEDICATIONS, AND SUPPLIES SNAPSHOT OF OUTCOMES 89 AT-RISK INDIVIDUALS WERE PROVIDED WITH IN-KIND DURABLE MEDICAL EQUIPMENT OR SERVICES, SUCH AS SKILLED NURSING OR MENTAL HEALTHCARE \$118,000 IN CASH DONATIONS WAS GIVEN TO 29 ORGANIZATIONS TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IN OUR SERVICE AREA COMMUNITIES TOTAL NUMBER OF PERSONS SERVED BY ALL CATEGORIES 35,484FOR ADDITIONAL INFORMATION, PLEASE REFER TO PIH HEALTH'S COMMUNITY BENEFIT REPORT AT [PIHHEALTH.ORG/CBANNUALREPORT](http://PIHHEALTH.ORG/CBANNUALREPORT)

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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			
ALEX ALVAREZ ..... DIRECTOR (AS OF 10/9/17)	1 50 ..... 4 50	X						0	0	0
RICHARD ATWOOD ..... DIRECTOR & CHAIR	1 50 ..... 6 00	X		X				0	0	0
ROBERT BOHR MD ..... DIRECTOR	7 00 ..... 40 00	X						72,000	414,879	17,540
PAULA COWAN ..... DIRECTOR & SECRETARY	1 50 ..... 4 50	X		X				0	0	0
BLAYNE CUTLER MD PHD ..... DIRECTOR (AS OF 10/9/17)	1 50 ..... 4 50	X						0	0	0
JANE DICUS ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
ED DUNLAP ..... DIRECTOR & VICE CHAIR	1 50 ..... 4 50	X		X				0	0	0
JEFF HAMAR ..... DIRECTOR & TREASUER	1 50 ..... 4 50	X		X				0	0	0
PATRICK MONROE ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
SUDHAKER NAYAK MD ..... DIRECTOR	8 50 ..... 40 00	X						119,070	1,627,624	37,121



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			
ROBERT PETRINA ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
NEAL SHINDEL MD ..... DIRECTOR	1 50 ..... 40 00	X						0	1,128,326	36,373
CHARLOTTE WEAVER PHD ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
KENTON WOODS ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
HUEY-MIN YU ..... DIRECTOR	1 50 ..... 4 50	X						0	0	0
JAMES WEST ..... PRESIDENT/CEO	30 00 ..... 16 20			X				1,373,355	0	269,389
PEGGY CHULACK ..... CAO & ASST SECRETARY	30 00 ..... 16 20			X				668,472	0	124,860
GREG WILLIAMS ..... CFO & ASST TREASURER	30 00 ..... 16 20			X				658,252	0	177,226
ROSALIO LOPEZ MD ..... CMO/CSO	40 00 ..... 4 50			X				820,505	0	138,561
REANNA THOMPSON ..... COO/CNO	40 00 .....			X				484,637	0	122,605

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			
DAVID KLINGER ..... VP FACILITIES	40 00 .....				X			506,307	0	34,237
DAVIS LEE ..... CHIEF MED INFO OFFICER	40 00 .....				X			501,206	0	103,642
DEBRA LEGAN ..... VP MKTG & PLANNING	40 00 .....				X			403,951	0	83,520
RONALD YOSHIHARA ..... VP FINANCE & ANALYTICS	40 00 .....				X			323,277	0	58,627
PERRY EBELTOFT ..... VP ANCILLARY SVS	40 00 .....				X			297,012	0	67,487
ANUP PATEL ..... VP ENT RSK MGMT & CORP COM	40 00 .....				X			267,017	0	60,014
NICHOLAS CHRISTIANSON ..... VP REV CYC & MGD CRE	40 00 .....				X			259,712	0	62,171
SHELLY NECKE ..... VP POST ACUTE CR SVS	40 00 .....				X			257,110	0	43,584
CHICO MANNING ..... VP SUPPLY CHAIN	40 00 .....				X			227,398	0	39,398
JUNG HO ..... MEDICAL PHYSICIST	40 00 .....					X		262,095	0	24,610

**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			
DIANE MCCOWAN ..... DIR PHARMACY	40 00 .....					X		241,974	0	14,428
SCOTT BREMER ..... DIR COMP, BENEF & HRIS	40 00 .....					X		232,723	0	34,526
REBECCA WEYANT ..... RN ADM DIR	40 00 .....					X		212,214	0	27,884
CESAR ROSAS ..... RN CHARGE NURSE	40 00 .....					X		202,768	0	12,203
SHERREL HOLLINGSWORTH ..... CHIEF HR OFFICER TERM 2/17/17	0 00 .....						X	566,068	0	42,923

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

PIH HEALTH HOSPITAL - WHITTIER

Employer identification number

95-1934652

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

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

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

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	



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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1934652

**Name:** PIH HEALTH HOSPITAL - WHITTIER

**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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**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 PIH HEALTH HOSPITAL - WHITTIER	Employer identification number 95-1934652
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		35,340
<b>j</b>	Total. Add lines 1c through 1i			35,340
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES	A PORTION OF DUES PAID TO HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA AND AMERICAN HOSPITAL ASSOCIATION ARE RELATED TO LOBBYING

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493214011169

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PIH HEALTH HOSPITAL - WHITTIER

Employer identification number

95-1934652

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		214,611		214,611
b Buildings		324,762,931	76,815,258	247,947,673
c Leasehold improvements		75,485,821	28,520,490	46,965,331
d Equipment		188,111,472	136,818,264	51,293,208
e Other		9,614,471	7,482,005	2,132,466
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				348,553,289



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) INTERCOMPANY RECEIVABLE	357,860,450
(2) HOSPITAL FEE PROGRAM RECEIVABLE	25,180,306
(3) OTHER RECEIVABLES	3,707,507
(4) DEFERRED FINANCING COSTS	3,389,609
(5) INVESTMENT IN AFFILIATES	1,555,033
(6) OTHER DEPOSITS	800,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	392,492,905

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION LIABILITY	49,218,144
INTEREST RATE SWAP	25,961,432
NOTE PAYABLE	19,500,000
HOSPITAL FEE PAYABLE	18,597,013
DEFERRED COMPENSATION	16,441,177
SELF INSURANCE RESERVES	15,167,800
BOND INTEREST PAYABLE	2,240,973
OTHER LIABILITIES	1,749,023
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	148,875,562

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

☒

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1934652  
**Name:** PIH HEALTH HOSPITAL - WHITTIER

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

1	(a) Description of Liability	(b) Book Value
	PENSION LIABILITY	49,218,144
	INTEREST RATE SWAP	25,961,432
	NOTE PAYABLE	19,500,000
	HOSPITAL FEE PAYABLE	18,597,013
	DEFERRED COMPENSATION	16,441,177
	SELF INSURANCE RESERVES	15,167,800
	BOND INTEREST PAYABLE	2,240,973
	OTHER LIABILITIES	1,749,023

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>THE COMPANY HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE COMPANY IS SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATION'S EXEMPT PURPOSE. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS. THE COMPANY MEASURES LIABILITIES FOR UNRECOGNIZED TAX UNCERTAINTIES IN ACCORDANCE WITH ASC 740, INCOME TAXES, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR HOW A COMPANY SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT A COMPANY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE GUIDANCE IS APPLICABLE TO PROFIT-ORIENTED ENTITIES, PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. MANAGEMENT BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS, AND AS SUCH NO TAX LIABILITY, BENEFITS, INTEREST OR PENALTIES WERE ACCRUED AT SEPTEMBER 30, 2018 OR 2017. THE COMPANY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE COMPANY BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014 FOR FEDERAL PURPOSES AND 2012 FOR CALIFORNIA PURPOSES.</p>

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h1 style="margin:0;">Hospitals</h1> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	OMB No 1545-0047  <h2 style="margin:0;">2017</h2> <p><b>Open to Public Inspection</b></p>
Name of the organization PIH HEALTH HOSPITAL - WHITTIER		Employer identification number 95-1934652

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

**7 Financial Assistance and Certain Other Community Benefits at Cost**

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
<b>a</b> Financial Assistance at cost (from Worksheet 1)		926	4,132,048	1,415,172	2,716,876	0 510 %
<b>b</b> Medicaid (from Worksheet 3, column a)		40,888	90,656,078	66,384,985	24,271,093	4 520 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		467	2,355,392	830,070	1,525,322	0 280 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		42,281	97,143,518	68,630,227	28,513,291	5 310 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	18	20,693	1,998,028	33,881	1,964,147	0 370 %
<b>f</b> Health professions education (from Worksheet 5)	5	1,112	4,015,445	995,210	3,020,235	0 560 %
<b>g</b> Subsidized health services (from Worksheet 6)	6	12,757	5,603,019	1,220,753	4,382,266	0 820 %
<b>h</b> Research (from Worksheet 7)	1	35	153,302	4,536	148,766	0 030 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	4	997	466,370	1,700	464,670	0 090 %
<b>j Total.</b> Other Benefits	34	35,594	12,236,164	2,256,080	9,980,084	1 870 %
<b>k Total.</b> Add lines 7d and 7j	34	77,875	109,379,682	70,886,307	38,493,375	7 180 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development	1	2	32,168		32,168	0.010 %
<b>3</b> Community support	1	15	15,703		15,703	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	2	6	20,810		20,810	0 %
<b>8</b> Workforce development	1	2	535		535	0 %
<b>9</b> Other						
<b>10 Total</b>	5	25	69,216		69,216	0.010 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	10,503,133	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	74,309,129
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	90,430,350
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-16,121,221
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(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 %
<b>1</b> 1 ANGEL CARE HEALTH NETWORK LLC (VIVITY)	SEE PART VI	12.500 %	0 %	0 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

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

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
PIH HEALTH HOSPITAL - WHITTIER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>PIHHEALTH.ORG/WELLNESS/COMMUNITY-BENEFIT/</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HEALTHACTIONLAB.SHUTTERFLY.COM</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>PIHHEALTH.ORG/CHIP</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

PIH HEALTH HOSPITAL - WHITTIER

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input checked="" 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 checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes	
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)			
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)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>PIHHEALTH.ORG/PATIENTS-VISITORS/BILLING-FINANCIAL-ASSISTANCE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>PIHHEALTH.ORG/PATIENTS-VISITORS/BILLING-FINANCIAL-ASSISTANCE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.PIHHEALTH.ORG/APP/FILES/PUBLIC/3985/FINANCIAL-APPLICATION-PLAIN</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 type="checkbox"/> Other (describe in Section C)			

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

PIH HEALTH HOSPITAL - WHITTIER

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

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

**Policy Relating to Emergency Medical Care**

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

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

PIH HEALTH HOSPITAL - WHITTIER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **12**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A	PIH HEALTH'S COMMUNITY BENEFIT REPORT FOR FISCAL YEAR 2017-2018 COUNTS FOR BOTH PIH HEALTH HOSPITAL - WHITTIER AND PIH HEALTH - HOSPITAL DOWNEY'S PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITY THE REPORT SEPARATES OUT COMMUNITY BENEFIT INVESTMENT FIGURES FOR EACH HOSPITAL TO VIEW THE FULL REPORT, VISIT PIHHEALTH.ORG/CBANNUALREPORT
PART I, LINE 7	PATIENT CARE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CALCULATE THE FINANCIAL ASSISTANCE FOR ALL OTHERS, WE UTILIZED INTERNAL COSTING SYSTEM AND ACCOUNTS FOR THE VARIOUS PAYER MIX

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 10,503,133
PART II, COMMUNITY BUILDING ACTIVITIES	PIH HEALTH WORKS WITH A VARIETY OF COMMUNITY STAKEHOLDERS TO ENHANCE THE COLLECTIVE CAPACITY FOR ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS PIH HEALTH MOBILIZES ASSETS AND INVESTS RESOURCES THROUGH A VARIETY OF COMMUNITY-BUILDING ACTIVITIES DESIGNED TO ADDRESS IDENTIFIED NEEDS, INCLUDING PARTICIPATION IN EDUCATION AND WORKFORCE INITIATIVES AIMED AT HEALTHCARE WORKFORCE DEVELOPMENT, AS WELL AS PARTICIPATION ON LOCAL CHAMBER OF COMMERCE BOARDS AIMED AT IMPROVING THE ECONOMIC, CIVIC AND CULTURAL WELLBEING OF THE COMMUNITY PIH HEALTH ALSO UNDERTAKES DISASTER PREPAREDNESS TRAINING ABOVE AND BEYOND LICENSURE REQUIREMENTS TO ENSURE WE ARE EFFECTIVELY PREPARED TO SERVE THE COMMUNITY IN A DISASTER IN ADDITION, PIH HEALTH HAS ADVOCATED TO CONGRESSIONAL LEADER FOR MORE SUPPORT FOR MENTAL HEALTH AND THE ORGANIZATION'S PRESIDENT AND CEO HAS SUPPORTED LOCAL, STATE AND FEDERAL HEALTH-RELATED ADVOCACY THROUGH PARTICIPATION AND LEADERSHIP IN VARIOUS HEALTHCARE ASSOCIATIONS



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE COMPANY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY THE PROVISION FOR BAD DEBTS IS PRESENTED ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE THE COMPANY ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY
PART III, LINE 4	THE COMPANY PROVIDES CARE TO PATIENTS EVEN THOUGH THEY MAY LACK ADEQUATE INSURANCE OR MAY PARTICIPATE IN PROGRAMS WITH NEGOTIATED OR REGULATED AMOUNTS THE COMPANY MANAGES ITS COLLECTION RISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES THAT ARE NETTED AGAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEETS AS PART OF THE COMPANY'S MISSION TO SERVE THE COMMUNITY, THE COMPANY PROVIDES CARE TO PATIENTS EVEN THOUGH THEY MAY LACK ADEQUATE INSURANCE OR MAY PARTICIPATE IN PROGRAMS WITH NEGOTIATED OR REGULATED PAYMENT AMOUNTS THE COMPANY MAKES EVERY EFFORT TO DETERMINE IF A PATIENT QUALIFIES FOR CHARITY CARE UPON ADMISSION, THOUGH DETERMINATION MAY ALSO BE MADE AT A LATER TIME AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE APPLICATION OF ANY FINANCIAL, UNINSURED OR OTHER DISCOUNTS OR PAYMENTS RECEIVED ON THE ACCOUNT, AND REASONABLE EFFORTS TO COLLECT FROM PATIENT HAVE BEEN EXHAUSTED, THE COMPANY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE COMPANY THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE COMPANY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY THE PROVISION FOR BAD DEBTS IS PRESENTED ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE THE COMPANY ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE COMPANY DOES NOT TAKE THE POSITION THAT MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THE STATE HAS SPECIFICALLY ASKED US TO REPORT THIS SEPARATELY FROM OUR COMMUNITY BENEFIT TOTALS. THE COMPANY USES A COST-TO-CHARGE (C2C) RATIO TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENT RECEIVED FROM MEDICARE, WHICH IS SIMILAR TO THE IRS SCHEDULE H METHOD. HOWEVER, THE PIH HEALTH SYSTEM IS MORE REFINED AND EXACTING, SINCE IT IS GENERATED AT THE DEPARTMENT LEVEL AND INCLUDES BOTH DIRECT COSTS AND ALLOCATED COMPANY-WIDE INDIRECT COSTS. ALL PERIOD INDIRECT COSTS ARE ALLOCATED BETWEEN PIH HEALTH DEPARTMENTS BASED ON THEIR RELATIVE GROSS CHARGES. THE SUM OF THE DIRECT AND ALLOCATED INDIRECT COSTS OF EACH DEPARTMENT ARE DIVIDED BY THE TOTAL DEPARTMENT GROSS PROCEDURE CHARGES. THE RESULTING DEPARTMENT SPECIFIC PERCENTAGE, IE DEPARTMENT C2C %, IS LOADED INTO PIH HEALTH'S ERP SOFTWARE EACH QUARTER. THE COST SYSTEM APPLIES THE DEPARTMENT'S C2C% TO ALL PROCEDURE CHARGES ORIGINATING WITHIN THE DEPARTMENT IN ORDER TO COMPUTE THE RELATED PROCEDURE COSTS. AS SUCH, ALL COST INFORMATION REFLECTED IN PIH HEALTH'S REGULATORY REPORTING AND FINANCIAL ANALYSIS IS BASED ON THE ABOVE DEPARTMENT C2C METHODOLOGY.</p>
PART III, LINE 9B	<p>THE HOSPITAL ENCOURAGES ALL SELF-PAY PATIENTS TO APPLY FOR FINANCIAL ASSISTANCE OR OTHER PROGRAMS. 1. ALL UNINSURED PATIENTS ARE ASSUMED TO NEED FINANCIAL ASSISTANCE AND AUTOMATICALLY RECEIVE DISCOUNTED BILLS THAT REFLECT THE CONTRACT RATE OR LESS OF A MEDICARE ADVANTAGE CONTRACT. 2. ALL UNINSURED PATIENTS ARE PROVIDED WITH A FINANCIAL ASSISTANCE AND MEDICAID APPLICATION AT THE TIME OF REGISTRATION THEREBY GIVING THEM THE OPPORTUNITY TO APPLY FOR ASSISTANCE. 3. THERE ARE SIGNS THROUGH THE FACILITY THAT EDUCATE PATIENTS AND VISITORS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. 4. THE HOSPITAL'S WEBSITE PUBLISHES THE FINANCIAL ASSISTANCE POLICY AND APPLICATIONS. 5. SELF-PAY INPATIENTS ALSO MAY BE CONTACTED BY A VENDOR TO OFFER ASSISTANCE IN APPLYING FOR MEDICAID, IF ELIGIBLE. 6. STATEMENTS (WHICH REFLECT A REDUCTION IN CHARGES TO THE RATES AT OR LOWER THAN CONTRACTED RATES FOR MEDICARE ADVANTAGE MEMBERS) PROMOTE THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. 7. ONLY PATIENTS WHO DO NOT QUALIFY FOR FURTHER FINANCIAL ASSISTANCE (AFTER DISCOUNTS) OR WHO DO NOT APPLY FOR PROGRAMS AND DO NOT PAY ARE REFERRED TO COLLECTION. IN ADDITION, IF A PATIENT IS REFERRED TO COLLECTION AND LATER APPLIES FOR CHARITY AND QUALIFIES, THE PATIENT'S ACCOUNT IS RETURNED TO THE HOSPITAL AND FINANCIAL ASSISTANCE IS EXTENDED.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART IV, LINE 1, COLUMN (B)	VIVITY WAS FORMED TO CREATE A LARGE SOUTHERN CALIFORNIA HEALTH CARE NETWORK THAT COULD EFFECTIVELY COMPETE WITH KAISER PERMANENTE THE MEMBERS COLLABORATED TO DEVELOP A NEW BLUE CROSS HMO BENEFIT PLAN FOR SALE IN LOS ANGELES AND ORANGE COUNTIES THE COMBINED INFRASTRUCTURE OF THE MEMBERS AND A MORE HOLISTIC APPROACH TO HEALTH CARE RESULTS IN REDUCED SPECIALTY CARE OR REDUNDANT MEDICAL PROCEDURES THE COST-SAVINGS ARE PASSED ON TO THE PATIENTS LONGER TERM VALUE OF THE INNOVATIVE VENTURE WILL COME FROM FUTURE IMPROVEMENTS IN EFFICIENCY AND EFFECTIVENESS ENABLED BY SUCH THINGS AS COMMON EMR, SHARED CARE MANAGEMENT, JOINT WELLNESS RESOURCES, ETC
PART VI, LINE 2	IN ADDITION TO THE HOSPITAL'S CHNA, PIH HEALTH UTILIZES THE FOLLOWING METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES COMMUNITY BENEFIT OVERSIGHT COMMITTEE- IN 2006, PIH HEALTH'S BOARD OF DIRECTORS ESTABLISHED THE COMMUNITY BENEFIT OVERSIGHT COMMITTEE (CBOC), WHICH IS COMPRISED OF COMMUNITY STAKEHOLDERS AND KEY PUBLIC HEALTH AND LEGISLATIVE REPRESENTATIVES THIS COMMITTEE MEETS REGULARLY AND ITS MEMBERS SHARE HEALTHCARE-RELATED NEEDS/CONCERNS EXPERIENCED BY THE COMMUNITY MEMBERS THEY REPRESENT AS WELL AS ASSETS OR POTENTIAL PARTNERS FOR THE HOSPITAL TO ENGAGE IN ADDRESSING THE IDENTIFIED NEEDS COMMUNITY HEALTH IMPROVEMENT TEAM- THIS INTERNAL WORK GROUP OF HOSPITAL STAFF THAT MANAGES THE HOSPITAL'S VARIOUS COMMUNITY-BASED PROGRAMS MEETS ANNUALLY TO SHARE RESOURCES THAT BENEFIT COMMUNITY MEMBERS AND TO DISCUSS ANY CHALLENGES / NEEDS AS A WAY TO ENHANCE THE PROVISION OF SERVICES FEEDBACK FROM COMMUNITY ORGANIZATIONS / COLLABORATIVES- THROUGH PARTICIPATION IN VARIOUS COMMUNITY COLLABORATIVES AND NETWORKING MEETINGS, PIH HEALTH IS ABLE TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITY AND IDENTIFY PARTNERSHIP OPPORTUNITIES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THERE ARE MANY AVENUES PIH HEALTH TAKES IN EDUCATING PATIENTS AND FAMILY MEMBERS ABOUT THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS. PATIENTS ARE ADVISED AT THE TIME OF SERVICE, DURING IN-HOUSE CARE AND POST DISCHARGES. FREE HANDOUTS OF THE FAP APPLICATION ARE PROVIDED IN BOTH ENGLISH AND SPANISH. THERE ARE POSTINGS THROUGHOUT THE HOSPITAL IN BOTH ENGLISH AND SPANISH WITH INFORMATION ABOUT OUR FAP PROGRAM. WE HAVE AN ELIGIBILITY VENDOR THAT IS CONVENIENTLY AVAILABLE TO ASSIST OUR PATIENTS IN THE EMERGENCY ROOM OR IN-HOUSE PATIENTS WITH DETERMINING ELIGIBILITY FOR VARIOUS GOVERNMENTAL PROGRAMS, AS WELL AS, ADVISE AND ASSIST THE PATIENT WITH THE FAP. POST DISCHARGE, OUR BUSINESS OFFICE STAFF TAKES THE INITIATIVE TO ADVISE THE PATIENT OF OUR FAP PROGRAM. ALSO, WITH EACH PATIENT STATEMENT THAT IS SENT OUT, THE FAP PROGRAM IS PRINTED ON THE BACK OF THE STATEMENT. PIH HEALTH'S FAP IS ALSO PUBLISHED ON OUR WEBSITE.</p>
PART VI, LINE 4	<p>PIH HEALTH HOSPITAL - WHITTIER SERVES AN URBAN GEOGRAPHY IN THE SOUTHEAST PORTION OF LOS ANGELES COUNTY, CALIFORNIA, WITHIN SERVICE PLANNING AREA 7 (SPA 7). PRIMARY SERVICE AREA CITIES INCLUDE DOWNEY 90241, HACIENDA HEIGHTS 91745, LA HABRA 90631, LA HABRA HEIGHTS 90631, LA MIRADA 90638, LA PUENTE 91744, MONTEBELLO 90640, NORWALK 90650, PICO RIVERA 90660, ROWLAND HEIGHTS 91748, SANTA FE SPRINGS 90670, WALNUT 91789, WHITTIER 90601-90606. PRIMARY SERVICE AREA PROFILE: THE POPULATION FOR PIH HEALTH HOSPITAL - WHITTIER'S PRIMARY SERVICE AREA IS 822,408. POPULATION DEMOGRAPHICS: CHILDREN AND YOUTH (AGES 0-19) MAKE UP 27.9% OF THE POPULATION, OLDER ADULTS (AGES 65+) MAKE UP 12.2% OF THE POPULATION. THE LARGEST POPULATION BY RACE AND ETHNICITY IN THE SERVICE AREA IS HISPANIC OR LATINO (65.1%). WHITE/CAUCASIANS MAKE UP 16.1% OF THE POPULATION. ASIANS COMPRISE 15.5% OF THE POPULATION, AND AFRICAN AMERICANS, NATIVE AMERICANS, HAWAIIANS, AND OTHER RACES COMBINED TOTAL 3.3% OF THE POPULATION. INCOME &amp; POVERTY: THE MEDIAN HOUSEHOLD INCOME IN THE SERVICE AREA RANGES FROM \$47,438 IN MONTEBELLO TO \$91,623 IN WALNUT. SOME 11.6% OF THE SERVICE AREA POPULATION LIVES BELOW 100% OF THE FEDERAL POVERTY LEVEL AND 33.5% LIVE BELOW 200%. HEALTH INSURANCE: 79.1% OF THE SERVICE AREA IS INSURED, 90.9% OF CHILDREN UNDER 18 ARE INSURED AND 71% OF ADULTS AGES 18-64 ARE INSURED. IN SPA 7, 30.7% ARE MEDI-CAL RECIPIENTS. THERE ARE SEVEN OTHER HOSPITALS PROVIDING CARE IN THE SERVICE AREA. POPULATION AND NO FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS PRESENT IN THE SERVICE AREA. FOR ADDITIONAL DATA REGARDING THE SERVICE AREA, PLEASE SEE THE COMMUNITY HEALTH NEEDS ASSESSMENT AT <a href="http://PIHHEALTH.ORG/CHNA">PIHHEALTH.ORG/CHNA</a>.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	<p>COMMUNITY BOARDPIH HEALTH'S COMMUNITY BOARD OF DIRECTORS WORKS TO ADVANCE PIH HEALTH'S COMMITMENT TO HELPING OUR COMMUNITIES GET WELL AND STAY HEALTHY OPEN MEDICAL STAFFPIH HEALTH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES USE OF SURPLUS FUNDSPIH HEALTH APPLIES SURPLUS FUNDS TOWARD IMPROVEMENTS IN PATIENT CARE, TECHNOLOGY, AND MEDICAL EDUCATION COMMUNITY BENEFIT OVERSIGHT COMMITTEE (CBOC)IN 2006, PIH HEALTH'S BOARD OF DIRECTORS ESTABLISHED THE CBOC, COMPRISED OF COMMUNITY STAKEHOLDERS AND A PUBLIC HEALTH REPRESENTATIVE THE CBOC PROMOTES THE HEALTH OF THE COMMUNITY BY 1) REVIEWING AND VALIDATING LEGAL AND REGULATORY COMPLIANCE WITH RESPECT TO COMMUNITY BENEFIT MANDATES, 2) REVIEWING AND VALIDATING THAT PIH HEALTH'S COMMUNITY BENEFIT PROGRAMS AND SERVICES EFFECTIVELY MEET IDENTIFIED COMMUNITY HEALTH NEEDS, WITH EMPHASIS ON VULNERABLE POPULATIONS, AS AN ESSENTIAL EXPRESSION OF PIH HEALTH'S CHARITABLE MISSION AND 3) INCREASING PUBLIC AWARENESS OF COMMUNITY BENEFIT ACTIVITIES AND COMMUNITY VALUE DONATION OF TIMEANY PIH HEALTH PROVIDERS ARE LIVING OUT THEIR PASSION TO SERVE PEOPLE IN NEED BY DONATING THEIR TIME AND TALENTS BOTH IN OUR COMMUNITY AND OVERSEAS EMERGENCY AND DISASTER PREPAREDNESS/DISASTER RESOURCE CENTER (DRC) PIH HEALTH HOSPITAL - WHITTIER IS ONE OF 13 LOS ANGELES COUNTY DESIGNATED DRC'S THAT ENSURE THE COMMUNITY HAS ACCESS TO RESOURCES AND THE HIGHLY SKILLED STAFF NEEDED TO RESPOND TO A LARGE-SCALE DISASTER OR OTHER PUBLIC HEALTH EMERGENCIES ENVIRONMENTAL AND RECYCLING PROJECTSPIH HEALTH CONTINUES TO IMPLEMENT "GREEN" INITIATIVES, INCLUDING INCREASED USAGE OF LED LIGHTING TO DECREASE CONSUMPTION OF ELECTRICITY AND, EXPANDING A METHANE GAS PROJECT WITH THE CITY OF WHITTIER TO CONVERT METHANE GAS INTO ELECTRICITY EYEGLASSES AND HEARING AIDS ARE ALSO COLLECTED AND RECYCLED FOR THE EAST WHITTIER LIONS CLUB VOLUNTEER CONTRIBUTIONS SOME 980 PIH HEALTH VOLUNTEERS COLLECTIVELY CONTRIBUTED 95,273 HOURS OF SERVICE, SUPPORTING DEPARTMENTS THROUGHOUT THE ORGANIZATION REACH OUT AND READ PROGRAM OUR PEDIATRICS DEPARTMENT PARTNERS WITH REACH OUT AND READ TO PROMOTE EARLY LITERACY AND SCHOOL READINESS PHYSICIANS PROVIDE PATIENTS WITH A CHILDREN'S BOOK AND DISCUSS WITH PARENTS THE IMPORTANCE OF READING ALOUD EACH YEAR, OVER 6,000 NEW BOOKS ARE DISTRIBUTED</p>
PART VI, LINE 6	<p>HOSPITAL AFFILIATES INCLUDE 1) PIH HEALTH, INC , PIH HEALTH'S PARENT COMPANY, 2) PIH HEALTH HOSPITAL - DOWNEY, 3) PIH HEALTH PHYSICIANS, A NONPROFIT MEDICAL FOUNDATION, AND 4) THE PIH HEALTH FOUNDATION, A NONPROFIT ORGANIZATION THAT EXISTS TO RAISE PHILANTHROPIC FUNDS IN SUPPORT OF PIH'S CHARITABLE MISSION PIH HEALTH, INC PROVIDES TECHNICAL, FACILITY AND SUPPORT SERVICES FOR TAX-EXEMPT AFFILIATES WHOSE CHARITABLE PURPOSE IS TO PROVIDE A BROAD RANGE OF HEALTHCARE SERVICES TO THEIR COMMUNITY BY WAY OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM PIH HEALTH HOSPITAL - DOWNEY OFFICIALLY BECAME PART OF PIH HEALTH IN OCTOBER 2013 AS A 501 (C)(3) NONPROFIT, 199-BED HOSPITAL, THE DOWNEY CAMPUS HAS PROVIDED QUALITY CARE IN A WELCOMING ENVIRONMENT FOR NEARLY 100 YEARS AS A NONNPROFIT HOSPITAL WITH A CHARITABLE MISSION, PIH HEALTH HOSPITAL DOWNEY IS A DEDICATED COMMUNITY HEALTH AND WELLNESS PARTNER THIS COMMITMENT AND LEADERSHIP GIVES BACK TO THE COMMUNITY THROUGH CHARITY CARE, HEALTH PROFESSIONS EDUCATION AND MORE PIH HEALTH PHYSICIANS SUPPORTS THE LOCAL COMMUNITY THROUGH ITS FINANCIAL ASSISTANCE PROGRAM, WHITTIER FIRST DAY HEALTH &amp; WELLNESS CENTER FOR THE HOMELESS AND THOSE AT-RISK FOR HOMELESSNESS, HEALTH PROFESSIONS EDUCATION, AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES THE PIH HEALTH FOUNDATION RAISES FUNDS IN SUPPORT OF PIH HEALTH TO ENSURE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES FOR YEARS TO COME THROUGH SUPPORTING PROGRAMS THAT DIRECTLY IMPACT THE COMMUNITY, INCLUDING PIH HEALTH'S COMMUNITY BENEFIT PROGRAMS GIFTS BIG, SMALL AND ALL WILL SUPPORT PIH HEALTH'S WORK TO PROVIDE ACCESS TO QUALITY HEALTHCARE, SCREENINGS, PREVENTATIVE CARE, PREVENTION-FOCUSED EDUCATION AND OTHER IMPORTANT INITIATIVES FOR DETAILED INFORMATION REGARDING THESE PIH HEALTH AFFILIATES' ADDITIONAL ACTIVITIES TO SUPPORT AND PROMOTE COMMUNITY HEALTH, PLEASE SEE EACH RESPECTIVE ORGANIZATION'S IRS FORM 990</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

**Schedule H (Form 990) 2017**

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-1934652

**Name:** PIH HEALTH HOSPITAL - WHITTIER

## Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	PIH HEALTH HOSPITAL - WHITTIER 12401 WASHINGTON BOULEVARD WHITTIER, CA 90602 WWW.PIHHEALTH.ORG LICENSE #930000129	X	X		X			X		SKILLED NURSING FACILITY	



**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
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 3J THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES DATA AND INFORMATION REGARDING DEMOGRAPHIC PROFILE, SOCIAL DETERMINANTS OF HEALTH, GENERAL HEALTHCARE ACCESS, MATERNAL AND INFANT HEALTH, ORAL HEALTH, MENTAL HEALTH, HEALTH BEHAVIORS, WEIGHT STATUS, NUTRITION AND PHYSICAL ACTIVITY, CHRONIC DISEASES, LEADING CAUSES OF DEATH AND COMMUNITY PERSPECTIVES GATHERED FROM FOCUS GROUPS AND INTERVIEWS
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 5 PRIMARY DATA COLLECTION CONSISTED OF 21 KEY STAKEHOLDER INTERVIEWS AND SIX COMMUNITY FOCUS GROUPS (50 PARTICIPANTS) REGARDING PERCEPTIONS AND OPINIONS OF THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITIES IN OUR PRIMARY SERVICE AREA INTERVIEW PARTICIPANTS INCLUDED AGENCIES REPRESENTING A BROAD RANGE OF HEALTH AND SOCIAL SERVICES, INCLUDING LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AS WELL THE LOCAL HEALTH DEPARTMENT THAT HAVE CURRENT INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITIES WE SERVE KEY STAKEHOLDER INTERVIEWEES1 EVELYN CASTRO-GUILLEN, CHIEF OPERATING OFFICER, THE WHOLE CHILD2 JOANN EROS-DELGADO, FACILITY DIRECTOR, LA COUNTY COMMUNITY RESOURCE CENTER3 RICHARD ESPINOSA, HEALTH DEPUTY, OFFICE OF LA COUNTY SUPERVISOR DON KNABE4 JEFF FARBER, EXECUTIVE DIRECTOR, HELPLINE YOUTH COUNSELING5 ALEXANDRIA GUEVARA, TEEN PROGRAM DIRECTOR, WHITTIER BOYS & GIRLS CLUB6 MICHEL HESIA, PROMOTORA, ACTIVATE WHITTIER COMMUNITY COLLABORATIVE7 SCOTT LEE MD, FAMILY MEDICINE PHYSICIAN, PIH HEALTH8 PENNY LOPEZ, PROGRAM DIRECTOR, ACTIVATE WHITTIER COMMUNITY COLLABORATIVE9 EDITH MARCEL, PROMOTORA PRESIDENT, HEALTHY LOS NIETOS COMMUNITY COLLABORATIVE10 CLARE MCCLAFFERTY, SOCIAL WORKER, PIH HEALTH11 RICARDO MENDOZA, DEPUTY DISTRICT DIRECTOR, OFFICE OF CONGRESSWOMAN LINDA SANCHEZ12 SID MENZIES, CHIEF OPERATING OFFICER, BOYS & GIRLS CLUB OF WHITTIER13 USAMA MITRY MD, FAMILY MEDICINE PHYSICIAN, PIH HEALTH14 MARIA OCHOA RN BSN PHN, SPA 7 COMMUNITY LIAISON PUBLIC HEALTH NURSE LA COUNTY DEPARTMENT OF PUBLIC HEALTH15 LIZET OLMOS, RECREATION COORDINATOR, PICO RIVERA SENIOR CENTER16 JIM ROBERTS, PATIENT ADVISOR/AMBASSADOR, PIH HEALTH17 DENNA SANCHEZ PHD, PSYCHOLOGIST COORDINATOR, PSYCHOLOGICAL SERVICES RIO HONDO COLLEGE18 ANA SUAREZ, DISTRICT CHIEF, LA COUNTY DEPARTMENT OF MENTAL HEALTH SPA 719 JOHN VELASCO, DIRECTOR AND VICE PRESIDENT, HEART OF COMPASSION20 MARTHA VELASQUEZ, PROGRAM DIRECTOR, SPIRITT FAMILY SERVICES21 GUYLENE VELEZ, SOCIAL WORKER, PIH HEALTHFOCUS GROUPS PARTICIPANTS INCLUDED MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, INDIVIDUALS OR ORGANIZATIONS SERVING THE INTERESTS OF THESE POPULATIONS, AND PERSONS REPRESENTING THE BROAD INTEREST OF THE COMMUNITY FOCUS GROUPS WERE CONDUCTED IN BOTH ENGLISH AND SPANISH COMMUNITY FOCUS GROUPS1 PARTNERSHIP FOR HEALTHIER COMMUNITIES COLLABORATIVE, SIX COMMUNITY-BASED ORGANIZATIONS2 STEINMETZ SENIOR CENTER- HACIENDA HEIGHTS, 10 OLDER ADULTS3 PLAZA DE LA RAZA, FIVE PARENTS OF PRESCHOOL-AGED CHILDREN4 INTERFAITH FOOD CENTER, 10 FOOD PANTRY CLIENTS5 MY FRIEND'S HOUSE, 12 FAITH-BASED GROUP PASTORS, LAY PASTORS AND CONGREGANTS6 FRIENDS OF FAMILY HEALTH CENTER - LA HABRA, SEVEN COMMUNITY CLINIC CLIENTS

**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
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 6A PIH HEALTH HOSPITAL - WHITTIER'S CHNA WAS CONDUCTED WITH PIH HEALTH HOSPITAL - DOWNEY AND KAISER FOUNDATION HOSPITAL - DOWNEY MEDICAL CENTER SHARED SERVICE AREAS AND COMMUNITY PARTNERS ALLOWED FOR COORDINATED INTERVIEWS AND FOCUS GROUPS AND SHARING OF DATA/RESULTS
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 7D ASSESSMENT FINDINGS WERE ALSO DISTRIBUTED TO KEY STAKEHOLDERS VIA EMAIL WITH EMPHASIS ON SUPPORTING PROGRAM PLANNING AND FUND-DEVELOPMENT ENDEAVORS, AND SPARING ORGANIZATIONS THE EXPENSE OF DUPLICATIVE DATA COLLECTION EFFORTS ASSESSMENT FINDINGS ARE ALSO SHARED ON AN ON-GOING BASIS VIA PRESENTATIONS AT COMMUNITY EVENTS AND COMMUNITY COLLABORATIVE MEETINGS AND THROUGH SOCIAL MEDIA CHANNELS

**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
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 11 PIH HEALTH'S COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ENSURES ALIGNMENT OF CHNA FINDINGS, OUR COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND PIH HEALTH'S ORGANIZATIONAL STRATEGY TO VIEW THE 2017-2019 CHIP AND THE INITIATIVES IDENTIFIED TO ADDRESS AREAS OF FOCUS (DIABETES, HEART DISEASE, OVERWEIGHT/OBESITY, PREVENTATIVE SCREENINGS AND IMMUNIZATIONS, FOOD INSECURITY, HOMELESSNESS AND EDUCATION), VISIT PIHHEALTH.ORG/CHIP FOR THE HEALTH NEEDS THAT WERE NOT PRIORITIZED AS AREAS OF FOCUS (ASTHMA, CANCER DEATHS, DENTAL CARE ACCESS, HEALTH INSURANCE COVERAGE/AFFORDABILITY, LUNG DISEASE DEATHS, MENTAL HEALTHCARE, AND SUBSTANCE ABUSE), PIH HEALTH HAS NEITHER THE EXPERTISE NOR THE INFRASTRUCTURE TO SERVE AS LEAD IN THESE AREAS AS THESE HEALTH NEEDS ARE STILL VERY IMPORTANT TO PIH HEALTH AND THE COMMUNITIES WE SERVE, WORK WILL CONTINUE IN THESE AREAS WHERE APPLICABLE, AND REFERRAL AND FUNDING RELATIONSHIPS WITH COMMUNITY-BASED AGENCIES ALREADY WORKING IN THESE AREAS MAY BE STRENGTHENED
PIH HEALTH HOSPITAL - WHITTIER	PART V, SECTION B, LINE 13B ASSISTANCE IS PROVIDED FREE OR DISCOUNTED FOR THOSE PATIENTS ELIGIBLE FOR FAP THE CRITERIA FOR FAP IS IF THE PATIENT IS UNINSURED AND DOES NOT HAVE THE ABILITY TO PAY, HAS RESTRICTED MEDI-CAL BENEFITS, OR IS UNDERINSURED THIS IS ALSO CONSIDERATIONS FOR PATIENTS WHERE THE FPG IS NOT APPLICABLE AND THE PATIENT IS INSURED WITH INADEQUATE COVERAGE OR EXCESSIVE LIABILITY

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? _____	
Name and address	Type of Facility (describe)
1 1 - SAME DAY SURGERY 12415 WASHINGTON BLVD WHITTIER, CA 90602	OUTPATIENT SURGICAL SERVICES
1 2 - INTERCOMMUNITY MAGNETIC RESONANCE IMAGNG 12455 WASHINGTON BLVD WHITTIER, CA 90602	MRI SERVICES
2 3 - ERNEST D WELLS MEDICAL OFFICE BUILDING 12462 PUTNAM ST WHITTIER, CA 90602	OUTPATIENT SERVICES
3 4 - PATRICIA L SHCEIFLY BREAST HEALTH CTR 12393 WASHINGTON BLVD WHITTIER, CA 90602	BREAST HEALTH SVCS
4 5 - PRESBYTERIAN HEALTH MEDICAL PLAZA 12291 WASHINGTON BLVD WHITTIER, CA 90602	WOUND HEALING, LAB DRAW STATION
5 6 - ARCADIA HOME HEALTH NURSING 351 E FOOTHILL BLVD SUITE 100 ARCADIA, CA 91006	VISITING NURSES ASSOCIATION
6 7 - HOSPICE HOMES - DOVE 10736 VALLEY VIEW AVE WHITTIER, CA 90604	HOSPICE CARE
7 8 - HOSPICE HOMES - ROSE 10742 VALLEY VIEW AVE WHITTIER, CA 90604	HOSPICE CARE
8 9 - PIH HOME HEALTH 15050 IMPERIAL HWY LA MIRADA, CA 90638	HOME HEALTH AGENCY
9 10 - PRESBYTERIAN HEALTH MEDICAL PLAZA 15088 IMPERIAL HWY SUITE 219 LA MIRADA, CA 90638	OUTPATIENT THERAPY
10 11 - BHP - LA MIRADA 12675 S LA MIRADA BLVD SUITE 219 LA MIRADA, CA 90638	RADIOLOGY
11 12 - HACIENDA HEIGHTS MEDICAL OFFICE BUILDING 1850 AZUSA AVE HACIENDA HEIGHTS, CA 91745	MAMMOGRAPHY

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
95-1934652

Part I

General Information on Grants and Assistance

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

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 11

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	49	125,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PIH PROVIDES FINANCIAL ASSISTANCE TO BOTH NOT-FOR-PROFIT ORGANIZATIONS AND INDIVIDUALS PIH HEALTH PROVIDES FINANCIAL SUPPORT TO TAX-EXEMPT, NONPROFIT ORGANIZATIONS IN OUR SERVICE AREA CITIES THROUGH ITS COMMUNITY SUPPORT AND SPONSORSHIPS PROGRAM, WITH EMPHASIS ON COMMUNITY HEALTH NEEDS/AREAS OF CONCERN AS IDENTIFIED BY PIH HEALTH'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS FINANCIAL SUPPORT MAY BE PROVIDED IF THE REQUESTING ORGANIZATION ADDRESSES ONE OR MORE OF THESE AREAS AND IS RESPONSIVE TO THE HEALTH AND WELLNESS NEEDS OF THE COMMUNITIES WE SERVE, ALLOWING PIH HEALTH TO BUILD UPON THE IMPACT OF EXISTING COMMUNITY HEALTH IMPROVEMENT EFFORTS FOR CONTRIBUTIONS MADE TO CHARITABLE ORGANIZATIONS, PIH HEALTH HAS ADOPTED A POLICY WHICH GUIDES THE PROCESS TO ENSURE GOOD STEWARDSHIP OF PIH HEALTH'S CHARITABLE RESOURCES AS A FEDERALLY REGISTERED NONPROFIT ENTITY TO ENSURE ACCURATE COMMUNITY BENEFIT REPORTING, THIS POLICY SETS FORTH THAT DIRECT FINANCIAL CONTRIBUTIONS MADE TO COMMUNITY ORGANIZATIONS MUST BE APPROPRIATELY CLASSIFIED AS EITHER A) COMMUNITY BENEFIT OR B) A SPONSORSHIP (A MARKETING COMMUNICATIONS DEPARTMENT EXPENSE NOT REPORTABLE AS COMMUNITY BENEFIT) IN COMPLIANCE WITH THIS POLICY, INFORMATION IS GATHERED FROM THE GRANTEE REGARDING THE INTENDED USE OF FUNDS AND A RESTRICTION LETTER IS SENT, NOTING THE INTENDED USE OF FUNDS ORGANIZATIONS RECEIVING COMMUNITY SUPPORT FUNDING IN THE AMOUNT OF \$2,500 OR MORE ARE REQUIRED TO SUBMIT A SUMMARY REPORT OF PROGRAM OR SERVICE IMPACT, WITHIN 90 DAYS AFTER EVENT OR RECEIPT OF PROGRAM FUNDING, UNLESS AN ALTERNATE DATE IS DESIGNATED FOR CONTRIBUTIONS MADE TO INDIVIDUALS, PIH HEALTH HAS ESTABLISHED A DEDICATED BUDGET WHICH SUBSIDIZES VITAL ASSISTANCE SUCH AS PURCHASE OF DURABLE MEDICAL EQUIPMENT OR NON-ACUTE CARE NOT COVERED BY INSURANCE UPON HOSPITAL DISCHARGE, INCLUDING PAID PLACEMENT IN SKILLED NURSING OR MENTAL HEALTH FACILITIES IN THESE INSTANCES, A SPECIFIC SERVICE IS BEING PURCHASED AND RECEIPT OF PROPER SERVICE IS ENSURED THROUGH FOLLOW-UP BY PIH DISCHARGE PLANNERS OR SOCIAL WORKERS

Additional Data

Software ID:  
Software Version:  
EIN: 95-1934652  
Name: PIH HEALTH HOSPITAL - WHITTIER

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
INTERFAITH FOOD CENTER 11819 BURKE STREET SANTA FE SPRINGS, CA 90670	95-3889152	501(C)(3)	12,000				FOOD FOR LOW-INCOME FAMILIES
FIRST CHRISTIAN CHURCH OF DOWNEY 10909 NEW STREET DOWNEY, CA 90241	95-1803687	501(C)(3)	9,500				TRUCK FOR FOOD DELIVERY FOR INDIGENTS

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
HELPLINE YOUTH COUNSELING INC 14181 TELEGRAPH ROAD WHITTIER, CA 90604	23-7113824	501(C)(3)	7,901				SUPPORT YOUTH COUNSELING
BOYS GIRLS CLUB OF WHITTIER 7905 GREENLEAF AVENUE WHITTIER, CA 90602	95-6151763	501(C)(3)	7,450				HEALTHY NUTRITION AND LIFESTYLES FOR KIDS



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
TLC FAMILY RESOURCE CENTER 13220 BELLFLOWER BLVD DOWNEY, CA 90242	95-6006586	501(C)(3)	6,000				PROVIDE FOOD AND SERVICES FOR INDIGENTS
WHITTIER ROTARY CLUB PO BOX 753 WHITTIER, CA 90608	95-1371765	501(C)(3)	5,000				DENTAL CARE FOR INDIGENTS

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
WHITTIER AREA FIRST DAY COALITION 12426 WHITTIER BLVD WHITTIER, CA 90602	93-1141844	501(C)(3)	5,000				SUPPORT HOMELESS
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DRIVE VISTA, CA 92084	95-2815615	501(C)(3)	5,000				FOOD FOR LOW-INCOME FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WHOLE CHILD 10155 COLIMA ROAD WHITTIER, CA 90603	95-2031148	501(C)(3)	5,000				SUPPORT HOMELESS CHILDREN AND FAMILIES
SOROPTIMIST INTERNATIONAL PO BOX 468 WHITTIER, CA 90608	95-6096575	501(C)(3)	5,000				EDUCATION FOR NEEDY

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
LYNWOOD PARTNERS EDUCATION FOUNDATION 11321 BULLS ROAD LYNWOOD, CA 90262	47-3028270	501(C)(3)	5,000				SUPPORT HOMELESS STUDENTS AND FAMILIES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**

95-1934652

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?  <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> Yes <b>4b</b> Yes <b>4c</b> No	
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> No <b>5b</b> No	
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?  <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> No <b>6b</b> No	
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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.

See Additional Data Table

[illegible]

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>PART I, LINE 4A   IN 2017, A SEVERANCE PAYMENT OF \$290,826 WAS MADE TO SHERREL HOLLINGSWORTH.   PART I, LINE 4B   PIH HEALTH INC. AND ITS AFFILIATES PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR CERTAIN EXECUTIVES. THE FOLLOWING INDIVIDUALS PARTICIPATE IN THE PLAN: JAMES WEST, PEGGY CHULACK, GREGORY WILLIAMS, PERRY EBELTOFT, SHERREL HOLLINGSWORTH, DAVIS LEE, ROSALIO LOPEZ, ANUP PATEL, REANNA THOMPSON, RON YOSHIHARA, DAVID KLINGER, NICHOLAS CHRISTIANSON, CHICO MANNING, SHELLY NECKE, DEBRA LEGAN. THE FOLLOWING AMOUNTS BECAME VESTED OR WERE PAID-OUT IN 2017 AND ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III): JAMES WEST \$172,284; PEGGY CHULACK \$64,439; ROSALIO LOPEZ \$109,510; DAVID KLINGER \$120,879; DAVIS LEE \$58,213; DEBRA LEGAN \$60,594; SHERREL HOLLINGSWORTH \$109,217; RON YOSHIHARA \$28,825; PERRY EBELTOFT \$20,100; ANUP PATEL \$22,054; SHELLY NECKE \$6,659.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 95-1934652  
Name: PIH HEALTH HOSPITAL - WHITTIER

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				
1ROBERT BOHR MD DIRECTOR	(i)	72,000	0	0	0	0	72,000	0
	(ii)	414,879	0	0	10,736	6,804	432,419	0
1SUDHAKER NAYAK MD DIRECTOR	(i)	119,070	0	0	0	0	119,070	0
	(ii)	1,627,624	0	0	10,736	26,385	1,664,745	0
2NEAL SHINDEL MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,128,326	0	0	10,736	25,637	1,164,699	0
3JAMES WEST PRESIDENT/CEO	(i)	1,137,303	47,927	188,125	247,002	22,387	1,642,744	172,284
	(ii)	0	0	0	0	0	0	0
4PEGGY CHULACK CAO & ASST SECRETARY	(i)	537,083	39,460	91,929	115,228	9,632	793,332	64,439
	(ii)	0	0	0	0	0	0	0
5GREG WILLIAMS CFO & ASST TREASURER	(i)	585,710	38,202	34,340	156,339	20,887	835,478	0
	(ii)	0	0	0	0	0	0	0
6ROSALIO LOPEZ MD CMO/CSO	(i)	666,564	30,938	123,003	123,371	15,190	959,066	109,510
	(ii)	0	0	0	0	0	0	0
7REANNA THOMPSON COO/CNO	(i)	462,680	13,784	8,173	122,568	37	607,242	0
	(ii)	0	0	0	0	0	0	0
8DAVID KLINGER VP FACILITIES	(i)	352,597	24,545	129,165	34,200	37	540,544	120,879
	(ii)	0	0	0	0	0	0	0
9DAVIS LEE CHIEF MED INFO OFFICER	(i)	398,325	21,948	80,933	82,849	20,793	604,848	58,213
	(ii)	0	0	0	0	0	0	0
10DEBRA LEGAN VP MKTG & PLANNING	(i)	319,897	16,686	67,368	76,346	7,174	487,471	60,594
	(ii)	0	0	0	0	0	0	0
11RONALD YOSHIHARA VP FINANCE & ANALYTICS	(i)	266,649	6,329	50,299	50,069	8,558	381,904	28,825
	(ii)	0	0	0	0	0	0	0
12PERRY EBELTOFT VP ANCILLARY SVS	(i)	269,717	0	27,295	43,918	23,569	364,499	20,100
	(ii)	0	0	0	0	0	0	0
13ANUP PATEL VP ENT RSK MGMT & CORP COM	(i)	238,471	0	28,546	59,977	37	327,031	22,054
	(ii)	0	0	0	0	0	0	0
14NICHOLAS CHRISTIANSON VP REV CYC & MGD CRE	(i)	242,318	11,250	6,144	47,110	15,061	321,883	0
	(ii)	0	0	0	0	0	0	0
15SHELLY NECKE VP POST ACUTE CR SVS	(i)	219,909	23,482	13,719	28,383	15,201	300,694	6,659
	(ii)	0	0	0	0	0	0	0
16CHICO MANNING VP SUPPLY CHAIN	(i)	212,376	8,800	6,222	39,361	37	266,796	0
	(ii)	0	0	0	0	0	0	0
17JUNG HO MEDICAL PHYSICIST	(i)	262,095	0	0	15,602	9,008	286,705	0
	(ii)	0	0	0	0	0	0	0
18DIANE MCCOWAN DIR PHARMACY	(i)	232,398	0	9,576	14,391	37	256,402	0
	(ii)	0	0	0	0	0	0	0
19SCOTT BREMER DIR COMP, BENEF & HRIS	(i)	223,211	0	9,512	9,407	25,119	267,249	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				
21REBECCA WEYANT RN ADM DIR	(i)	206,074	0	6,140	12,743	15,141	240,098	0
	(ii)	0	0	0	0	0	0	0
1CESAR ROSAS RN CHARGE NURSE	(i)	202,768	0	0	12,166	37	214,971	0
	(ii)	0	0	0	0	0	0	0
2 SHERREL HOLLINGSWORTH CHIEF HR OFFICER TERM 2/17/17	(i)	105,375	28,855	431,838	25,769	17,154	608,991	109,217
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
95-1934652

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 CITY OF WHITTIER	95-6000812	966769DA6	05-14-2009	280,328,878	PURCHASE OF LAND AND TO REFUND BONDS ISSUED 1/31/2007		X		X		X
B CITY OF WHITTIER	95-6000812	966769DH1	03-31-2011	40,828,054	CONSTRUCTION OF FACILITIES		X		X		X
C CITY OF WHITTIER	95-6000812		12-31-2012	148,000,000	REFUND BONDS ISSUED 5/14/2009		X		X		X
D CITY OF WHITTIER	95-6000812	966769DK4	08-07-2014	106,612,491	HOSPITAL FACILITIES CONSTRUCTION AND TO REFUND BONDS ISSUED 10/1/2013		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired . . . . .				209,025,000		5,375,000		6,050,000			
2	Amount of bonds legally defeased . . . . .											
3	Total proceeds of issue . . . . .				280,328,878		40,828,054		148,000,000		106,612,491	
4	Gross proceeds in reserve funds . . . . .											
5	Capitalized interest from proceeds . . . . .											
6	Proceeds in refunding escrows . . . . .											
7	Issuance costs from proceeds . . . . .				2,416,738		816,561				1,880,505	
8	Credit enhancement from proceeds . . . . .				1,087,414							
9	Working capital expenditures from proceeds . . . . .											
10	Capital expenditures from proceeds . . . . .				1,337,383		40,011,493				6,854,015	
11	Other spent proceeds . . . . .				275,487,443				148,000,000		97,877,971	
12	Other unspent proceeds . . . . .											
13	Year of substantial completion . . . . .				2013		2013				2014	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .				X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .					X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		X

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> 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?								
<b>4</b> 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 . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> 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		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X			X
<b>b</b> Name of provider . . . . .	GOLDMAN SACHS BANK				GOLDMAN SACHS BANK			
<b>c</b> Term of hedge . . . . .	2950 0000000000 %				2340 0000000000 %			
<b>d</b> Was the hedge superintegrated? . . . . .		X				X		
<b>e</b> Was the hedge terminated? . . . . .		X				X		

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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		X	

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	ARBITRAGE REBATE ANALYSIS WAS PERFORMED FOR BONDS A AND B IN FY13, LISTED BELOW ARE THE ANALYSIS OPINION LETTER DATES NO PAYMENT WAS DUE TO THE IRS FOR THESE BONDS IN FY16 BOND A ARBITRAGE ANALYSIS OPINION LETTER ISSUED ON FEBRUARY 11, 2013 FOR BOND A BOND B ARBITRAGE ANALYSIS OPINION LETTER ISSUED ON FEBRUARY 11, 2013 FOR BOND B

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

Employer identification number  
95-1934652

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY WARGO	SISTER OF OFFICER	91,179	PEGGY CHULACK'S SISTER, MARY WARGO, IS EMPLOYED BY PIH		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

95-1934652

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PIH HEALTH, INC IS THE SOLE MEMBER OF PIH HEALTH HOSPITAL - WHITTIER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PIH HEALTH, INC HAS AUTHORITY TO ELECT ALL THE MEMBERS OF THE BOARD OF DIRECTORS OF PIH HEALTH HOSPITAL - WHITTIER



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PIH HEALTH, INC HAS ALL VOTING RIGHTS AND THE POWER TO ELECT THE BOARD OF DIRECTORS OF PIH HEALTH HOSPITAL - WHITTIER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION, WHICH IS MADE UP OF INDEPENDENT DIRECTORS THE FORM 990 IS THEN PROVIDED TO THE BOARD FOR ITS INFORMATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, ALL MANAGEMENT AND BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ALL POSITIVE RESPONSES ARE REVIEWED BY THE CHIEF ADMINISTRATIVE OFFICER AND GENERAL COUNSEL EACH POSITIVE RESPONSE IS CONSIDERED IN LIGHT OF MAGNITUDE OF OWNERSHIP INTEREST, FINANCIAL TRANSACTION(S), ETC IF DEEMED NECESSARY, CONFLICTS OF INTEREST COULD BE RESOLVED BY INSISTING THAT THE INCUMBENT EITHER DIVEST THEIR OWNERSHIP INTEREST, THAT THE ORGANIZATION TERMINATE THE BUSINESS RELATIONSHIP, OR EVEN THAT THE DIRECTOR RESIGN DIRECTORS WITH POTENTIAL CONFLICTS OF INTEREST MAY RECUSE THEMSELVES FROM VOTING ON CERTAIN MATTERS AND/OR MAY EXCUSE THEMSELVES FROM MEETINGS DURING THE DISCUSSION, DELIBERATION, AND VOTING ON OF MATTERS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE ENGAGES AN INDEPENDENT, THIRD-PARTY, EXPERT COMPENSATION CONSULTANT TO REVIEW ITS EXECUTIVE SALARIES. THE CONSULTANT OBTAINS SPECIFIC ORGANIZATIONAL DATA FROM WHICH TO BASE ITS ANALYSIS (REVENUES, EXPENSES, EMPLOYEES, SERVICE AREA, JOB DESCRIPTIONS, ETC.). THE CONSULTANT'S ANALYSIS INCLUDES A REVIEW OF COMPENSATION TRENDS, REGULATORY ISSUES, THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY, THE METHODOLOGY USED FOR THE ASSESSMENT, THE BASE SALARY ANALYSIS, THE INCENTIVE COMPENSATION ANALYSIS, THE TOTAL CASH COMPENSATION ANALYSIS, AND THE TOTAL COMPENSATION ANALYSIS. SALARY MOVEMENT, INCENTIVE COMPENSATION, MARKET BENEFIT, AND RECRUITMENT AND RETENTION TRENDS ARE REVIEWED. THIS ANALYSIS IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE HAS APPROVED A REGIONAL PEER GROUP THAT INCLUDES HIGH-PERFORMING, COMPARABLY-SIZED CALIFORNIA HOSPITALS AND HEALTH SYSTEMS. THE CONSULTANT COMPILES COMPARABILITY DATA FROM NATIONAL AND REGIONAL PEERS, COMPARES THE ORGANIZATION'S EXECUTIVE COMPENSATION WITH PEER GROUP COMPENSATION LEVELS, AND PREPARES A REPORT THAT INCLUDES ALL OF THE BACK-UP DATA ON COMPARABILITY, PEER GROUPS, AND JOB MATCHES. THE METHODOLOGY USED BY THE CONSULTANT INCLUDES TWO PEER GROUPS: A NATIONAL PEER GROUP OF COMPARABLY-SIZED HOSPITALS AND SINGLE HOSPITAL SYSTEMS AND A REGIONAL PEER GROUP OF HOSPITALS AND SYSTEMS IN SOUTHERN CALIFORNIA. THE DATA OF WHICH IS PROVIDED TO THE COMMITTEE IN ITS REPORT. THE NATIONAL DATA IS USED AS THE PRIMARY COMPARATOR FOR THE ANALYSIS. THE COMMITTEE IS PRESENTED WITH CHARTS THAT COMPARE ORGANIZATION SALARIES TO THE LEVEL TARGETED IN THE COMPENSATION PHILOSOPHY. NEITHER PERFORMANCE NOR QUALIFICATIONS OF THE INCUMBENT IS CONSIDERED WHEN PROVIDING THE MARKET DATA. THE COMMITTEE IS PROVIDED WITH A REVIEW OF THE BASE SALARY ANALYSIS, A REVIEW OF THE INCENTIVE COMPENSATION ANALYSIS, A REVIEW OF THE TOTAL CASH COMPENSATION ANALYSIS (BASE SALARY PLUS INCENTIVE), AND A REVIEW OF THE TOTAL COMPENSATION ANALYSIS (BASE SALARY PLUS INCENTIVE PLUS BENEFITS/PERQUISITES). BASED UPON ALL OF THE ABOVE INFORMATION, THE CONSULTANT PROVIDES THE COMMITTEE WITH RECOMMENDED SALARY RANGES FOR THE PERIOD ASSESSED. THE EXECUTIVE COMPENSATION COMMITTEE DELIBERATES ON THE COMPARABILITY DATA TO ENSURE THAT IT IS APPROPRIATE IN REPRESENTING LIKE ORGANIZATIONS, LIKE POSITIONS, AND LIKE CIRCUMSTANCES, AND THAT IT COULD REALISTICALLY RELY ON THE COMPARABILITY DATA IN REACHING ITS DECISION THAT THE COMPENSATION IS REASONABLE AND REPRESENTS FAIR MARKET VALUE FOR SERVICES RENDERED. THE EXECUTIVE COMPENSATION COMMITTEE AFFIRMS THIS PROCESS TO THE BOARD OF DIRECTORS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FORM 990 AND FORM 990-T ARE AVAILABLE UPON REQUEST THE ORGANIZATION IS NOT REQUIRED TO MAKE FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS IT RECEIVED ITS TAX EXEMPTION PRIOR TO JULY 15, 1987

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>PROFESSIONAL FEES - PHYSICIANS PROGRAM SERVICE EXPENSES 29,227,309 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 29,227,309</p> <p>PROFESSIONAL FEES - OTHER PROGRAM SERVICE EXPENSES 22,971,318 MANAGEMENT AND GENERAL EXPENSES 3,963,555 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,934,873</p> <p>R&amp;M BUILDING PROGRAM SERVICE EXPENSES 2,175,836 MANAGEMENT AND GENERAL EXPENSES 25,575 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,201,411</p> <p>COLLECTION AGENCY SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,839,391 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,839,391</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 8,080,084 PENSION ADJUSTMENTS 22,944,607

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As Filed Data -

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SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
PIH HEALTH HOSPITAL - WHITTIER

Employer identification number  
95-1934652

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
(1) PIH HEALTH COMMUNITY PHARMACY LLC 12401 WASHINGTON BLVD WHITTIER, CA 90602 26-4390142	PHARMACY	CA	6,128,318	525,721	PIH HEALTH HOSPITAL - WHITTIER

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)PIH HEALTH FOUNDATION 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-3761274	FUNDRAISING	CA	501(C)(3)	LINE 7	PIH HEALTH INC	Yes	
(2)PIH HEALTH MANAGEMENT CORP 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-4016278	SUPPORT OF TAX-EXEMPT AFFILIATES	CA	501(C)(3)	LINE 12B, II	PIH HEALTH INC	Yes	
(3)PIH HEALTH HOME HEALTHCARE 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-3036281	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
(4)PIH HEALTH INC 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-3619388	SUPPORT OF TAX-EXEMPT AFFILIATES	CA	501(C)(3)	LINE 12B, II	N/A		No
(5)PIH HEALTH ADULT DAY HEALTHCARE 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-3643829	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
(6)PIH HEALTH PHYSICIANS 12401 WASHINGTON BLVD  WHITTIER, CA 90602 95-3942828	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
(7)PIH HEALTH HOSPITAL - DOWNEY 11500 BROOKSHIRE AVENUE  DOWNEY, CA 90241 95-1903935	HEALTHCARE	CA	501(C)(3)	LINE 3	PIH HEALTH INC	Yes	



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> PIH INSURANCE CO A RECIPROCAL RISK RETENTION GROUP 1003 BISHOP STREET HONOLULU, HI 96813 26-3760243	CAPTIVE INSURANCE	HI	PIH HEALTH INC	T				Yes	
<b>(2)</b> PIH HEALTH CARE SOLUTIONS 6557 GREENLEAF AVENUE WHITTIER, CA 90601 46-2072342	HEALTHCARE	CA	PIH HEALTH INC	C				Yes	
<b>(3)</b> DRMC PROPERTIES 11500 BROOKSHIRE AVENUE DOWNEY, CA 90241 95-4769768	REAL ESTATE	CA	DRMC INC	C				Yes	
<b>(4)</b> PIH HEALTH RE 1003 BISHOP STREET HONOLULU, HI 96813 47-2501390	CAPTIVE INSURANCE	HI	PIH HEALTH INC	T				Yes	
<b>(5)</b> HEALTHMED SERVICES INC 12401 WASHINGTON BLVD WHITTIER, CA 90602 30-0831225	HEALTHCARE	CA	PIH HEALTH INC	C				Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> PIH HEALTH PHYSICIANS	L	4,571,384	FMV
<b>(2)</b> PIH HEALTH FOUNDATION	C	1,040,754	FMV
<b>(3)</b> PIH HEALTH MANAGEMENT CORP	M	833,298	FMV

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.

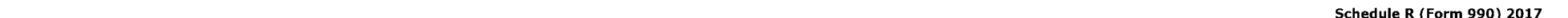
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**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
PART IV, COLUMN (E)	PIH HEALTH CARE SOLUTIONS IS A NONPROFIT MUTUAL BENEFIT CORPORATION

Return Reference	Explanation
PART IV, COLUMN (E)	PIH INSURANCE COMPANY IS AN UNINCORPORATED RISK RETENTION GROUP



Additional Data

Software ID:  
Software Version:  
EIN: 95-1934652  
Name: PIH HEALTH HOSPITAL - WHITTIER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-3761274	FUNDRAISING	CA	501(C)(3)	LINE 7	PIH HEALTH INC	Yes	
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-4016278	SUPPORT OF TAX- EXEMPT AFFILIATES	CA	501(C)(3)	LINE 12B, II	PIH HEALTH INC	Yes	
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-3036281	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-3619388	SUPPORT OF TAX- EXEMPT AFFILIATES	CA	501(C)(3)	LINE 12B, II	N/A		No
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-3643829	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
12401 WASHINGTON BLVD WHITTIER, CA 90602 95-3942828	HEALTHCARE	CA	501(C)(3)	LINE 10	PIH HEALTH INC	Yes	
11500 BROOKSHIRE AVENUE DOWNEY, CA 90241 95-1903935	HEALTHCARE	CA	501(C)(3)	LINE 3	PIH HEALTH INC	Yes	