COMMUNITY MEMORIAL HEALTH SYSTEM
Instructions for Filing
Return of Organization Exempt from Income Tax Form 990

For the year ended December 31, 2019

This is your copy for public inspection. Do not mail this copy.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning _____ , 2019, and ending _____ , 20 ____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-0047

2019

Name of exempt organization

COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number

95-1683892

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	**1b**	503484860.
2a	**Form 990-EZ** check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22).	**3b**	
4a	**Form 990-PF** check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	**Form 8868** check here ▶ [ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Signature of officer | Date 8/17/20 | ▶ Title CFO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ Jocelyne C. Miller	Date 8/17/2020	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00634378	
	Firm's name (or yours if self-employed), address, and ZIP code ▶ ERNST & YOUNG U.S. LLP 4365 EXECUTIVE DR, STE 1600 SAN DIEGO CA 92121				EIN 34-6565596 Phone no. 858-535-7200	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2019)

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: COMMUNITY MEMORIAL HEALTH SYSTEM

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 147 NORTH BRENT STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: VENTURA, CA 93003

D Employer identification number: 95-1683892

E Telephone number: (805) 652-5050

G Gross receipts $ 565,981,551.

F Name and address of principal officer: GARY K. WILDE
147 NORTH BRENT STREET, VENTURA, CA 93003

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.CMHSHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1933 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO HEAL, COMFORT AND PROMOTE HEALTH FOR THE COMMUNITIES WE SERVE.

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)	3	18.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,004.
6	Total number of volunteers (estimate if necessary)	6	253.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	50,783.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,434,386.	1,480,662.
9	Program service revenue (Part VIII, line 2g)	420,401,994.	492,566,877.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,783,698.	5,478,037.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,287,751.	3,959,284.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,907,829.	503,484,860.

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Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	469,935.	528,727.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,975,064.	237,110,948.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	195,400,260.	275,798,301.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	405,845,259.	513,437,976.
19	Revenue less expenses. Subtract line 18 from line 12	33,062,570.	-9,953,116.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	891,012,146.	923,808,108.
21	Total liabilities (Part X, line 26)	418,854,930.	447,069,777.
22	Net assets or fund balances. Subtract line 21 from line 20	472,157,216.	476,738,331.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOCELYNE MILLER	Preparer's signature: Jocelyne C. Miller	Date: 8/17/2020	Check ☐ if self-employed	PTIN: P00634378
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶	34-6565596
Firm's address ▶ 4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121			Phone no.	858-535-7200

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 448,731,201. including grants of $ 0.) (Revenue $ 492,566,877.)

PATIENT SERVICES TO INCLUDE 82,359 PATIENT DAYS, 181,169 OUTPATIENT VISITS, AND 326,630 VISITS TO THE CENTERS FOR FAMILY HEALTH (THE HEALTHCARE SYSTEM'S OUTPATIENT CARE CLINICS).

SEE SCHEDULE O.

4b (Code:) (Expenses $ 969,509. including grants of $ 528,727.) (Revenue $ 0.)

COMMUNITY OUTREACH PROGRAMS INCLUDE: FREE BLOOD PRESSURE CHECKS; CANCER RESOURCE CENTER AND SUPPORT GROUPS; HEART-AWARE PROGRAM THAT PROVIDES FREE RISK EVALUATION, PREVENTATIVE INFORMATION AND RESOURCES.

SEE SCHEDULE O.

4c (Code:) (Expenses $ 1,055,529. including grants of $ 0.) (Revenue $ 0.)

IT IS THE GOAL OF CMHS TO PROMOTE THE HEALTH OF THE COMMUNITY BY FOCUSING ON COMMUNITY EDUCATION OUTREACH, ACCESS TO CARE, UNCOMPENSATED AND UNDER-FUNDED CARE, AND SPONSORSHIP OF COMMUNITY RESOURCES.

SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses ▶ 450,756,239.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	628		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 3,004			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
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?	16b		X

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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 ▶
KATHRYN YAMADA 2590 EAST MAIN STREET VENTURA, CA 93003 805-652-5012

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY K. WILDE	36.00									
PRESIDENT & CEO	4.00			X				1,211,212.	0.	396,351.
(2) ADAM THUNELL	40.00									
VP OPERATIONS	0.				X			1,069,577.	0.	99,382.
(3) CYNTHIA DEMOTTE	40.00									
VP QUALITY	0.				X			782,191.	0.	48,869.
(4) DAVID GLYER	40.00									
CFO	0.			X				610,321.	0.	85,964.
(5) CYNTHIA FAHEY	40.00									
CNO	0.				X			607,288.	0.	64,455.
(6) WILFRED GARAND	40.00									
VP PLANNING & MANAGED CARE	0.				X			588,117.	0.	52,589.
(7) SAMUEL SMALL	40.00									
CHIEF OF MEDICAL EDUCATION	0.				X			506,660.	0.	83,844.
(8) ANTHONY RUSSELL	40.00									
CAO AMBULATORY MEDICINE	0.				X			517,252.	0.	71,757.
(9) HAADY LASHKARI	40.00									
CHIEF ADM OFFICER OJAI/VP CMH	0.				X			517,222.	0.	71,449.
(10) DIANY KLEIN	40.00									
VP HUMAN RESOURCES (THRU 8/19)	0.				X			487,150.	0.	64,279.
(11) STANLEY FROCHTZWAJG	40.00									
CMO, INPATIENT	0.				X			482,146.	0.	68,649.
(12) RONALD SANDIFER	40.00									
CIO (THRU 6/19)	0.				X			499,535.	0.	0.
(13) EMILIE RAYMAN	40.00									
COMPLIANCE OFFICER	0.				X			358,627.	0.	49,540.
(14) MICHAEL ELLINGSON	36.00									
VP MARKETING & DEVELOPMENT	4.00				X			335,092.	0.	46,001.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SCOTT GOODFRIEND	40.00									
PHYSICIAN ADVISOR	0.					X		309,592.	0.	18,357.
(16) KEITH MCWILLIAMS	40.00									
CIO	0.				X			304,026.	0.	7,828.
(17) EUGENE DAY	40.00									
DIRECTOR OF PHARMACY	0.					X		266,239.	0.	12,648.
(18) PILAR PARKER	40.00									
RN III	0.					X		268,324.	0.	6,430.
(19) CARLOS LIMON JR	40.00									
PHARMACIST	0.					X		247,044.	0.	18,357.
(20) MARK SCHUETTE	40.00									
DIR CONSTRUCTION PROJECT MGMT	0.					X		251,380.	0.	5,702.
(21) RICHARD REISMAN	36.00									
VP AMBULATORY MEDICINE	0.				X			235,484.	0.	8,353.
(22) KARI ANNE OSBORNE	40.00									
VP HUMAN RESOURCES	0.				X			234,036.	0.	6,732.
(23) DEBORAH CARLSON MD	1.00									
BOARD MEMBER	0.	X						163,750.	0.	0.
(24) CARL CONSTANTINE MD	1.00									
BOARD MEMBER	0.	X						114,951.	0.	0.
(25) LAMAR BUSHNELL MD	1.00									
BOARD MEMBER	0.	X						22,000.	0.	0.
1b Sub-total ▶								10,989,216.	0.	1,287,536.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								10,989,216.	0.	1,287,536.

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 ▶ 593

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JEFFREY BRACKETT MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(27) MICHAEL BRADBURY	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(28) DAVID FUKUTOMI	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(29) TIMOTHY GALLAGHER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(30) JOHN HAMMER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(31) JOHN HILL MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(32) LYDIA HOPPS	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(33) WILLIAM KEARNEY	1.00									
VICE CHAIR	0.	X		X				0.	0.	0.
(34) F. TED MUEGENBURG JR.	1.00									
SECRETARY	0.	X		X				0.	0.	0.
(35) JEFFREY PAUL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(36) MARTIN POPS MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 593

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) RICHARD RUSH MD	1.00									
CHAIR	0.	X		X				0.	0.	0.
(38) JOHN RUSSELL	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(39) GARY WOLFE	1.00									
TREASURER	0.	X		X				0.	0.	0.
(40) TRUDY COOK	1.00									
BOARD MEMBER	26.00	X						0.	0.	0.
(41) GREGORY SMITH	1.00									
BOARD MEMBER (THRU JAN)	0.	X						0.	0.	0.
(42) ROY SCHNEIDER, MD	1.00									
BOARD MEMBER (THRU JAN)	0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 593

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	111,798.			
	e	Government grants (contributions)	1e	45,810.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,323,054.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 190,000.			
	h	**Total.** Add lines 1a-1f ▶			1,480,662.		
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENUE	621500	451,889,675.	451,889,675.		
	b	MEDI-CAL SUPPLEMENTAL PMT	621500	33,389,043.	33,389,043.		
	c	CAFETERIA REVENUE	722210	3,031,456.	3,031,456.		
	d	HEALTHCARE SVC RENTAL INC	532000	1,654,336.	1,654,336.		
	e	BREAST/PROSTATE CENTER	900099	1,588,328.	1,588,328.		
	f	All other program service revenue		1,014,039.	1,014,039.		
	g	**Total.** Add lines 2a-2f ▶		492,566,877.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,936,446.		43,086.	2,893,360.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	71,184.				
	b	Less: rental expenses 6b	363,830.				
	c	Rental income or (loss) 6c	-292,646.				
	d	Net rental income or (loss) ▶		-292,646.			-292,646.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	64,674,452.				
	b	Less: cost or other basis and sales expenses 7b	62,132,861.				
	c	Gain or (loss) 7c	2,541,591.				
	d	Net gain or (loss) ▶		2,541,591.			2,541,591.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities ▶		0.			
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory ▶		0.			
Miscellaneous Revenue			Business Code				
	11a	INSURANCE SETTLEMENT	900099	1,780,101.			1,780,101.
	b	REBATES/REFUNDS	900099	1,774,057.			1,774,057.
	c	PHARMACY REVENUE	900099	320,978.		7,697.	313,281.
	d	All other revenue		376,794.			376,794.
	e	**Total.** Add lines 11a-11d ▶		4,251,930.			
	12	**Total revenue.** See instructions ▶		503,484,860.	492,566,877.	50,783.	9,386,538.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	528,727.	528,727.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	6,204,821.	1,100,208.	5,104,613.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	158,654,660.	153,669,946.	4,984,714.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,553,411.	5,553,411.		
9 Other employee benefits	53,085,338.	49,306,286.	3,779,052.	
10 Payroll taxes	13,612,718.	12,893,672.	719,046.	
11 Fees for services (nonemployees):				
a Management	2,629,675.	1,882,526.	747,149.	
b Legal	4,437,451.		4,437,451.	
c Accounting	356,079.		356,079.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	40,611,796.	38,435,736.	2,176,060.	
12 Advertising and promotion	764,288.	736,523.	27,765.	
13 Office expenses	91,035,626.	90,438,396.	597,230.	
14 Information technology	14,956,118.	14,484,810.	471,308.	
15 Royalties	1,436,195.	157,220.	1,278,975.	
16 Occupancy	8,706,640.	8,554,983.	151,657.	
17 Travel	219,608.	219,608.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	631,452.	468,168.	163,284.	
20 Interest	25,210,433.		25,210,433.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	35,925,604.	35,414,142.	511,462.	
23 Insurance	3,915,329.	407,566.	3,507,763.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	22,266,701.	16,832,406.	5,434,295.	
b HOSP QUALITY ASSURANCE FEE	16,652,556.	16,652,556.		
c RECRUITING	1,295,880.	769,564.	526,316.	
d DUES & SUBSCRIPTIONS	1,162,961.	640,581.	522,380.	
e All other expenses	3,583,909.	1,609,204.	1,974,705.	
25 **Total functional expenses.** Add lines 1 through 24e	513,437,976.	450,756,239.	62,681,737.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	18,396,713.	2	27,984,452.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	56,547,380.	4	65,358,342.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	49,648,431.	7	55,808,342.
	8	Inventories for sale or use	10,165,825.	8	12,256,573.
	9	Prepaid expenses and deferred charges	9,017,240.	9	11,329,518.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 726,657,185.			
	b	Less: accumulated depreciation — 10b: 156,257,625.	584,306,242.	10c	570,399,560.
	11	Investments - publicly traded securities	87,990,936.	11	80,816,695.
	12	Investments - other securities. See Part IV, line 11	11,348,966.	12	9,479,459.
	13	Investments - program-related. See Part IV, line 11	8,039,370.	13	8,327,394.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	55,551,043.	15	82,047,773.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	891,012,146.	16	923,808,108.
Liabilities	17	Accounts payable and accrued expenses	83,372,619.	17	82,847,682.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	320,090,433.	20	314,152,017.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	6,955,525.	23	41,137,543.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,436,353.	25	8,932,535.
	26	**Total liabilities.** Add lines 17 through 25	418,854,930.	26	447,069,777.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	469,204,808.	27	475,350,491.
	28	Net assets with donor restrictions	2,952,408.	28	1,387,840.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	472,157,216.	32	476,738,331.
	33	Total liabilities and net assets/fund balances	891,012,146.	33	923,808,108.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	503,484,860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	513,437,976.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,953,116.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	472,157,216.
5	Net unrealized gains (losses) on investments	5	10,913,462.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,620,769.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	476,738,331.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	**Employer identification number**
COMMUNITY MEMORIAL HEALTH SYSTEM	95-1683892

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 **section 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? Yes	**(iv)** No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d Total (add lines 1a, 1b, and 1c)	**1d**		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 Minimum Asset Amount (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Name of the organization
COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number
95-1683892

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number 95-1683892

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 925,236.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 190,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization COMMUNITY MEMORIAL HEALTH SYSTEM | Employer identification number 95-1683892

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SHARES OF STOCK IN VARIOUS COMPANIES	$ 190,000.	03/18/2019
		$	
		$	
		$	
		$	
		$	

Name of organization COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number 95-1683892

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ______________
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
COMMUNITY MEMORIAL HEALTH SYSTEM	95-1683892

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 (grassroots 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		76,616.
j Total. Add lines 1c through 1i			76,616.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES

THE ORGANIZATION IS A MEMBER OF THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA AND THE AMERICAN HOSPITAL ASSOCIATION. IN 2019, $239,667 WAS INCLUDED IN EXPENSES FOR ANNUAL MEMBERSHIP DUES, A PORTION OF WHICH IS DIRECTED BY THESE ORGANIZATIONS TO CONDUCT LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number

95-1683892

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 on 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 Term 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:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		43,529,517.		43,529,517.
b Buildings		472,180,982.	84,611,533.	387,569,449.
c Leasehold improvements				
d Equipment		180,205,352.	71,646,092.	108,559,260.
e Other		30,741,334.		30,741,334.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				570,399,560.

Schedule D (Form 990) 2019

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) OPERATING LEASE ROU ASSETS	33,764,500.
(2) CONSTRUCTION FUNDS	31,231,692.
(3) DEPOSITS WITH INSURANCE CO	7,079,206.
(4) ASSETS LIMITED TO USE	5,091,822.
(5) DUE FROM THIRD PARTIES	3,047,358.
(6) OTHER ASSETS	1,833,195.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	82,047,773.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF-INSURANCE LIABILITIES	6,532,328.
(3) OTHER LIABILITIES	2,400,207.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	8,932,535.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FIN 48 (ASC 740) FOOTNOTE

THE FOLLOWING FOOTNOTE IS FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMUNITY MEMORIAL HEALTH SYSTEM:

THE SYSTEM ACCOUNTS FOR INCOME TAXES UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. UNDER ASC 740, THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS MAY BE RECOGNIZED ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE SYSTEM RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE-LIKELY-THAN-NOT THRESHOLD IS NOT MET. THE SYSTEM RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. THE SYSTEM COMPLETED AN ANALYSIS OF ITS TAX POSITION, IN ACCORDANCE WITH ASC 740, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. NO SIGNIFICANT TAX LIABILITY FOR UNRECOGNIZED TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED AS OF DECEMBER 31, 2019 OR 2018. THE SYSTEM IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE SYSTEM BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number
95-1683892

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 700.0000 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,108,185.		1,108,185.	.22
b Medicaid (from Worksheet 3, column a)			116,196,783.	81,746,723.	34,450,060.	6.71
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			117,304,968.	81,746,723.	35,558,245.	6.93
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,737,840.		1,737,840.	.34
f Health professions education (from Worksheet 5)			11,377,563.	2,985,146.	8,392,417.	1.63
g Subsidized health services (from Worksheet 6)			50,018,089.	37,286,104.	12,731,985.	2.48
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			528,727.		528,727.	.10
j **Total.** Other Benefits			63,662,219.	40,271,250.	23,390,969.	4.55
k **Total.** Add lines 7d and 7j			180,967,187.	122,017,973.	58,949,214.	11.48

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			8,800.		8,800.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			986,773.		986,773.	.19
9 Other						
10 Total			995,573.		995,573.	.19

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

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	93,933,593.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	116,368,217.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,434,624.
8	Describe in Part VI the extent to which any shortfall reported on 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:		

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SEE PART VI	IMAGING CENTER	51.00000		49.00000
2	SEE PART VI	MANAGEMENT SERVICES	50.00000		50.00000
3	SEE PART VI	REAL ESTATE	72.75000		27.25000
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 COMMUNITY MEMORIAL HOSPITAL 147 NORTH BRENT STREET VENTURA CA 93003 WWW.CMHSHEALTH.ORG 050000026	X	X		X			X			A
2 OJAI VALLEY COMMUNITY HOSPITAL 1306 MARICOPA HWY OJAI CA 93023 WWW.CMHSHEALTH.ORG 050000045	X	X		X	X		X			A
3										
4										
5										
6										
7										
8										
9										
10										

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)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1&2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
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	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE PART V, SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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)

Name of hospital facility or letter of facility reporting group A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 700.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group A

			Yes	No
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.	**23**		X
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.	**24**		X

Part V **Facility Information** *(continued)*

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

PART V, SECTION B, LINE 3E

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

PART V, SECTION B, LINE 5

COMMUNITY MEMORIAL HEALTH SYSTEM (CMHS) CONDUCTED ITS MOST RECENT CHNA THROUGH A COORDINATED EFFORT WITH ITS PARTNERS AT THE VENTURA COUNTY DEPARTMENT OF PUBLIC HEALTH, ADVENTIS HEALTH SIMI VALLEY, CAMARILLO HEALTH CARE DISTRICT, CLINICAS DEL CAMINO REAL, ST. JOHN'S REGIONAL MEDICAL CENTER, ST. JOHN'S PLEASANT VALLEY HOSPITAL, VENTURA COUNTY PUBLIC HEALTH AND THE VENTURA COUNTY HEALTH CARE AGENCY COMMUNITY HEALTH CENTER. THESE PARTNERS MAKE UP THE VENTURA COUNTY COMMUNITY NEEDS ASSESSMENT COLLABORATIVE (VCCNAC). A COMMUNITY HEALTH ASSESSMENT SURVEY (2019) WAS DESIGNED AND DISSEMINATED BY THE VENTURA COUNTY COMMUNITY NEEDS ASSESSMENT COLLABORATIVE.

THE CHNA FINDINGS ARE DRAWN FROM AN ANALYSIS OF AN EXTENSIVE SET OF SECONDARY DATA (OVER 240 INDICATORS FROM NATIONAL AND STATE DATA SOURCES) AND IN-DEPTH PRIMARY DATA FROM COMMUNITY HEALTH LEADERS AND ORGANIZATIONS THAT SERVE THE COMMUNITY AT LARGE, AS WELL AS NON-HEALTH PROFESSIONALS AND COMMUNITY MEMBERS. THE MAIN SOURCE FOR THE SECONDARY DATA IS THE HEALTH MATTERS IN VENTURA COUNTY PLATFORM, A PUBLIC DATA PLATFORM MADE AVAILABLE BY VENTURA COUNTY PUBLIC HEALTH. THE PRIMARY DATA COLLECTION PROCESS INCLUDED A COMMUNITY HEALTH ASSESSMENT SURVEY. A TOTAL OF 2,722

Part V **Facility Information** *(continued)*

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

RESPONSES WERE COLLECTED. ONE OF THE KEY OBJECTIVES OF THE ASSESSMENT WAS TO ENGAGE THE COMMUNITY, INCLUDING VULNERABLE POPULATIONS, PHYSICIANS, AND OTHER SERVICE PROVIDERS TO SHARE THEIR PERCEPTIONS ON HEALTH NEEDS FOR VENTURA COUNTY RESIDENTS. KEY INFORMATION INTERVIEWS AND FOCUS GROUP DISCUSSIONS WERE HELD TO HELP DEVELOP A DEEPER UNDERSTANDING OF THE DATA COLLECTED. ON APRIL 23, 2019, 25 STAKEHOLDERS OF THE VCCNAC CONVENED IN AN ALL-DAY EXERCISE TO REVIEW THE FINDINGS FROM THE PRIMARY DATA AND THE SECONDARY DATA COLLECTION EFFORTS TO PRIORITIZE THE SIGNIFICANT HEALTH ISSUES THAT AROSE THROUGH THIS ANALYSIS.

PART V, SECTION B, LINE 6A

CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES

ADVENTIST HEALTH SIMI VALLEY

ST. JOHN'S REGIONAL MEDICAL CENTER, DIGNITY HEALTH

ST. JOHN'S PLEASANT VALLEY HOSPITAL, DIGNITY HEALTH

PART V, SECTION B, LINE 6B

CHNA CONDUCTED WITH OTHER ORGANIZATIONS

CAMARILLO HEALTH CARE DISTRICT

CLINICAS DEL CAMINO REAL, INC.

VENTURA COUNTY HEALTH CARE AGENCY COMMUNITY HEALTH CENTER

VENTURA COUNTY PUBLIC HEALTH

Part V **Facility Information** *(continued)*

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

PART V, SECTION B, LINE 7

CHNA WEBSITE

HTTPS://WWW.CMHSHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 10

IMPLEMENTATION STRATEGY

HTTPS://WWW.CMHSHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 11

THE COMMUNITY MEMORIAL HEALTH SYSTEM BOARD OF TRUSTEES ESTABLISHED A COMMUNITY BENEFIT COMMITTEE TO OVERSEE THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF ONGOING COMMUNITY BENEFIT ACTIVITIES AND THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE CMHS BOARD OF TRUSTEES APPROVES THE IMPLEMENTATION STRATEGY RECOMMENDED BY THE COMMITTEE.

THE CHNA IDENTIFIED FIVE HEALTH PRIORITIES FOR THE COUNTY OF VENTURA:

1. IMPROVE ACCESS TO HEALTH SERVICES
2. REDUCE THE IMPACT OF BEHAVIORAL HEALTH ISSUES
3. IMPROVE HEALTH AND WELLNESS FOR OLDER ADULTS
4. REDUCE THE BURDEN OF CHRONIC DISEASE
5. ADDRESS SOCIAL NEEDS

OF THE FIVE INDENTIFIED PRIORITIES, THE ORGANIZATIONS PARTICIPATING IN THE JOINT COMMUNITY HEALTH IMPLEMENTATION STRATEGY HAVE CHOSEN NOT TO ADDRESS TWO OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA:

Part V **Facility Information** *(continued)*

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

1. REDUCE THE IMPACT OF BEHAVIORAL HEALTH ISSUES

2. REDUCE THE BURDEN OF CHRONIC DISEASE

THE PRIORITIZED HEALTH NEEDS WERE NOT SELECTED BECAUSE VCCNAC HAS IDENTIFIED OTHER COMMUNITY STAKEHOLDERS THAT ARE CURRENTLY LEADING INTERVENTIONS TO ADDRESS THESE HEALTH NEEDS IN THE COUNTY, INCLUDING VENTURA COUNTY BEHAVIORAL HEALTH. COMMUNITY MEMORIAL HEALTH SYSTEM HAS SEPARATELY IMPLENTED ALL FIVE PRIORITIES IDENTIFIED IN THE CHNA.

COMMUNITY MEMORIAL HEALTH SYSTEM ADDRESSED THE PRIORITY AREAS BY:

IMPROVE ACCESS TO HEALTH SERVICES

- COLLABORATING WITH CLINICAS DEL CAMINO REAL TO ENHANCE PATIENT ACCESS TO SPECIALTY CARE. INVESTMENT IN TECHNOLOGY HAS REDUCED THE NO-SHOW RATE AND THE APPOINTMENT BACKLOG. ONGOING PARTICIPATION WITH GOLD COAST HEALTH PLAN ON INITIATIVE TO IMPROVE "CHILDREN AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS" AND INCREASE HEDIS SCORES FOR GCHP.
- CONTINUED TO IMPROVE PHYSICIAN RESIDENT TRAINING AT THE CMHS GRADUATE MEDICAL EDUCATION PROGRAM THROUGH FACULTY RECRUITMENT AND LOCAL PARTNERSHIPS.
- ENHANCING THE PHYSICIAN RESIDENT FREE CLINIC PROGRAM IN UNDERSERVED COMMUNITIES.
- CONTINUED GROWTH OF THE MULTI-SPECIALTY CLINIC IN OJAI.
- PARTICIPATING IN THE UNITED WAY'S BUILDING HEALTHY SMILES CAMPAIGN TO ADDRESS THE NEED FOR ACCESS TO DENTAL CARE.

Part V **Facility Information** *(continued)*

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

- RECRUITING SPECIALTY AND FAMILY PHYSICIANS.

REDUCE THE IMPACT OF BEHAVIORAL HEALTH ISSUES

- LAUNCHING TELEMEDICINE FOR BEHAVIORAL HEALTH.

- ENHANCING ACCESS TO BEHAVIORAL HEALTH PROVIDERS BY COLLABORATING WITH CLINICAS DEL CAMINO REAL AND WORKING WITH VISTA DEL MAR FOR DEVELOPING INTEGRATED SERVICES AT CMHS' OUTPATIENT CLINICS.

IMPROVE HEALTH AND WELLNESS FOR OLDER ADULTS

- PROVIDING IN-KIND SUPPORT AND STAFF ENGAGEMENT TO THE EXPLORATION AND DEVELOPMENT EFFORTS OF SENIOR INDEPENDENT LIVING SUPPORT IN THE OJAI VALLEY AND WEST VENTURA.

REDUCE THE BURDEN OF CHRONIC DISEASE

- CMHS AMBULATORY MEDICINE RELAUNCHED INTENSIVE CASE MANAGEMENT TO IMPROVE COORDINATION OF CARE. THE CHRONIC CARE MANAGEMENT PROGRAM HAS OVER 1,000 PATIENTS ON SERVICE.

- CMHS HEALTHAWARE HAS PROMOTED CARDIAC AND VASCULAR HEATLH BY PROVIDING THOUSANDS OF COMMUNITY MEMBERS WITH ONGOING HEALTH EDUCATION, SUPPORT, FREE SCREENINGS, AND HEALTH ASSESSMENTS.

- PROVIDING FREE CHRONIC DISEASE DETECTION AND SCREENING SERVICES

- THE HEALTH AREA OF OBESE/OVERWEIGHT YOUTH WAS NOT ADDRESSED IN 2019. CMHS HAD PLANNED TO PROVIDE PROGRAMMIC AND FINANCIAL SUPPORT TO FIT KIDS/FIT OJAI.

Part V **Facility Information** *(continued)*

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

ADDRESS SOCIAL NEEDS

- IMPLEMENTED ELECTRONIC PRESCRIBING AT THE OUTPATIENT HOSPITAL CLINICS FOR CONTROLLED SUBSTANCES TO SET A GENERAL STANDARD OF PRESCRIBING OPIOID PAIN MEDICATION TO REDUCE OPIOID OVERDOSE RELATED DEATHS.

- THREE PHYSICIANS OBTAINED CERTIFICATION FOR PRESCRIBING SUBOXONE FOR OPIOID DEPENDENCE TREATMENT.

- CONNECTING WITH WEST VENTURA SCHOOLS TO CONTRIBUTE TO MOTIVATING STUDENTS TO GRADUATE FROM HIGH SCHOOL INCLUDING ACTIVITIES SUCH AS CAREER DAY, CPR AND FIRST AID EDUCATION, AND DISASTER PLANNING.

- OFFERING EDUCATIONAL PROGRAMS

- HOSTING SUPPORT GROUPS THAT ARE WIDELY AVAILABLE TO THE PUBLIC

- PROVIDING RECUPERATIVE CARE TO THE HOMELESS WITH SHORT TERM CARE AND CASE MANAGEMENT.

PART V, SECTION B, LINE 15E

CMHS PUBLICIZES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ON THE FACILITY'S WEBSITE. INCLUDED ON THE BACK OF EACH BILLING STATEMENT IS A DISCLAIMER REGARDING FINANCIAL ASSISTANCE BEING AVAILABLE AND A CONTACT NUMBER TO CALL IF INTERESTED. MOREOVER, CMHS HAS SIGNAGE POSTED IN THE ADMITTING AND EMERGENCY ROOM AREAS. A WRITTEN COPY OF THIS POLICY IS AVAILABLE UPON REQUEST, AS INDICATED ON THIS SIGNAGE DISPLAYED.

PART V, SECTION B, LINE 16A

FINANCIAL ASSISTANCE POLICY WEBSITE

HTTP://WWW.CMHSHEALTH.ORG/PATIENTS-AND-VISITORS/PATIENT-INFORMATION/COMMUN

Part V **Facility Information** *(continued)*

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

ITY-MEMORIAL-HOSPITAL/FINANCIAL-SERVICES/

PART V, SECTION B, LINE 16B

FINANCIAL ASSISTANCE POLICY APPLICATION WEBSITE

HTTP://WWW.CMHSHEALTH.ORG/PATIENTS-AND-VISITORS/PATIENT-INFORMATION/COMMUN

ITY-MEMORIAL-HOSPITAL/FINANCIAL-SERVICES/

PART V, SECTION B, LINE 16C AND 16F

PLAIN LANGUAGE SUMMARY WEBSITE

HTTP://WWW.CMHSHEALTH.ORG/PATIENTS-AND-VISITORS/PATIENT-INFORMATION/COMMUN

ITY-MEMORIAL-HOSPITAL/FINANCIAL-SERVICES/

PART V, SECTION B, LINE 16H

CMHS CREATED A BILINGUAL FINANCIAL ASSISTANCE FLYER THAT IS DISTRIBUTED

TO THE COMMUNITY AT HEALTH FAIRS, FREE CLINICS, COMMUNITY EVENTS AND

SUPPORT GROUPS. THIS FLYER PROVIDES DETAILS ON THE CMHS FINANCIAL

ASSISTANCE PROGRAM AS WELL AS DIRECTION ON HOW TO SOLICIT SUPPORT WITH

ENROLLMENT.

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? 24

	Name and address	Type of Facility (describe)
1	SAVIERS CENTER FOR FAMILY HEALTH 2921 S. SAVIERS ROAD OXNARD CA 93033	OP CLINIC
2	GROSSMAN IMAGING CENTER OF CMH, LLC 2001 N. SOLAR DRIVE, SUITE 135 OXNARD CA 93030	IMAGING CENTER
3	CAMARILLO CENTER FOR FAMILY HEALTH 422 B ARNEILL ROAD CAMARILLO CA 93010	OP CLINIC
4	ASHWOOD CENTER FOR FAMILY HEALTH 116 ASHWOOD DRIVE VENTURA CA 93003	OP CLINIC
5	VINEYARD CENTER FOR FAMILY HEALTH 2361 VINEYARD AVENUE OXNARD CA 93036	OP CLINIC
6	AIRPORT MARINA CENTER FOR FAMILY HEALTH 3641 W. FIFTH STREET OXNARD CA 93036	OP CLINIC
7	SANTA PAULA CENTER FOR FAMILY HEALTH 242 E. HARVARD BLVD SANTA PAULA CA 93060	OP CLINIC
8	MSO SAN BUENAVENTURA UROLOGY CENTER 2705 LOMA VISTA ROAD, SUITE 206 VENTURA CA 93003	OP CLINIC
9	MAIN STREET CENTER FOR FAMILY HEALTH 138 W. MAIN STREET VENTURA CA 93001	OP CLINIC
10	MSO PACIFIC INPATIENT PHYSICIANS 147 NORTH BRENT STREET VENTURA CA 93003	OP CLINIC

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? _____

	Name and address	Type of Facility (describe)
1	MIDTOWN MEDICAL GROUP CLINIC SPECIALTY 168 N. BRENT STREET, SUITE 302 VENTURA CA 93003	OP CLINIC
2	PREMIERE HEALTH SANTA PAULA 258 & 262 E. HARVARD BLVD SANTA PAULA CA 93060	OP CLINIC
3	MIDTOWN MEDICAL GROUP CLINIC 2721 E. MAIN STREET VENTURA CA 93003	OP CLINIC
4	MSO SAN BUENAVENTURA UROGYNECOLOGY 2705 LOMA VISTA ROAD, SUITE 206 VENTURA CA 93003	OP CLINIC
5	FILLMORE CENTER FOR FAMILY HEALTH 852 VENTURA STREET FILLMORE CA 93015	OP CLINIC
6	SANTA ROSA CENTER FOR FAMILY HEALTH 5800 SANTA ROSA ROAD CAMARILLO CA 93010	OP CLINIC
7	PORT HUENEME CENTER FOR FAMILY HEALTH 321 E. PORT HUENEME ROAD PORT HUENEME CA 93041	OP CLINIC
8	MSO VENTURA COAST FAMILY CARE 124 N. BRENT STREET VENTURA CA 93003	OP CLINIC
9	OAK VIEW CENTER FOR FAMILY HEALTH 655 N. VENTURA AVENUE OAK VIEW CA 93022	OP CLINIC
10	MIDTOWN MEDICAL GROUP CLINIC - OJAI 655 N. VENTURA AVENUE OAK VIEW CA 93022	OP CLINIC

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? _____

	Name and address	Type of Facility (describe)
1	OJAI MULTISPECIALTY CENTER 117 PIRIE ROAD OJAI CA 93023	OP CLINIC
2	CENTRAL COAST CENTER FOR GYNECOLOGIC ONC 2900 LOMA VISTA ROAD, SUITE 205 VENTURA CA 93003	OP CLINIC
3	MSO PREMIERE DERMATOLOGY & MOHS SURGERY 168 N. BRENT STREET, SUITE 403 VENTURA CA 93003	OP CLINIC
4	PROSTATE INSTITUTE OF AMERICA 147 N. BRENT STREET VENTURA CA 93003	OP CLINIC
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C

IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO USED AN ALGORITHM TO DETERMINE QUALIFICATION OF CHARITY CARE FROM INFORMATION PROVIDED BY PATIENTS AT INTAKE AS WELL AS INFORMATION FROM CREDIT REPORTS.

PART I, LINE 7

COSTING METHOD USED IS COST-TO-CHARGE USING WORKSHEET 2.

PART I, LINE 7B

UNREIMBURSED MEDICAID

THE CALIFORNIA HOSPITAL FEE PROGRAM (THE PROGRAM) AND AMENDING-LEGISLATION WAS SIGNED INTO LAW BY THE GOVERNOR OF CALIFORNIA ON JANUARY 1, 2010 AND SEPTEMBER 8, 2010, RESPECTIVELY. THE PRIMARY LEGISLATION (AB 1383) AND AMENDING LEGISLATION (AB 1653) CONTAINS TWO COMPONENTS: THE QUALITY ASSURANCE FEE ACT, WHICH GOVERNS THE "HOSPITAL FEE" OR "QUALITY ASSURANCE FEE" (QA FEE) PAID BY PARTICIPATING HOSPITALS, AND THE MEDI-CAL HOSPITAL PROVIDER STABILIZATION ACT, WHICH GOVERNS

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.

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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.

SUPPLEMENTAL MEDI-CAL PAYMENTS (SUPPLEMENTAL PAYMENTS) MADE TO PROVIDERS FROM THE FUND. HOSPITAL PARTICIPATION IS MANDATORY, WITH LIMITED EXCEPTIONS. IN JUNE 2012, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AMENDED LEGISLATION TO ALLOW FOR THE FEE-FOR-SERVICE PORTION OF THE PROGRAM TO BE ADMINISTERED SEPARATELY FROM THE MANAGED CARE COMPONENT.

THERE ARE TWO PROGRAMS THAT HAD ACTIVITY IN 2018 AND 2019: A 30-MONTH HOSPITAL FEE PROGRAM COVERING THE PERIOD FROM JANUARY 1, 2017 THROUGH JUNE 30, 2019, AND A 30-MONTH HOSPITAL FEE PROGRAM COVERING THE PERIOD FROM JULY 1, 2019 THROUGH DECEMBER 31, 2021.

THE SYSTEM MADE PAYMENTS TO THE DHCS FOR THE QA FEE IN THE AMOUNT OF $16,289,802 AND $12,494,991 IN 2019 AND 2018, RESPECTIVELY. THE SYSTEM MADE CALIFORNIA HEALTH FOUNDATION AND TRUST PAYMENTS IN THE AMOUNT OF $362,754 AND $340,885 IN 2019 AND 2018, RESPECTIVELY, AND THE PLEDGE PAYMENTS WERE RECORDED WITHIN THE QA FEE IN OPERATING EXPENSES WITHIN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS. THE SYSTEM RECEIVED SUPPLEMENTAL PAYMENTS OF $33,389,043 AND $35,518,314 OVER THE COURSE OF

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.

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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.

THE PROGRAM IN 2019 AND 2018, RESPECTIVELY. THE SYSTEM RECORDED THE

SUPPLEMENTAL PAYMENTS AS OPERATING REVENUE WITHIN THE ACCOMPANYING

CONSOLIDATED STATEMENTS OF OPERATIONS.

PART I, LINE 7G

NO AMOUNT ATTRIBUTABLE TO A PHYSICIAN CLINIC WAS INCLUDED AS SUBSIDIZED

HEALTH SERVICES ON PART I, LINE 7G.

PART I, LINE 7, COLUMN F

THE ORGANIZATION INCLUDED $5,862 OF BAD DEBT EXPENSE IN PART IX. THE

AMOUNT HAS BEEN SUBTRACTED FROM THE CALCULATION OF COLUMN F.

PART II

COMMUNITY BUILDING ACTIVITIES

CMHS REGULARLY EVALUATES THE HEALTH NEEDS OF THE COMMUNITIES SURROUNDING

ITS OUTPATIENT AND HOSPITAL LOCATIONS AND STRATEGICALLY RECRUITS FAMILY

AND SPECIALTY PHYSICIANS TO MEET THE IDENTIFIED NEEDS. CMHS ALSO SUPPORTS

ITS AFFILIATED MEDICAL GROUPS WITH PHYSICIAN RECRUITMENT WHERE A

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.

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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.

COMMUNITY NEED IS DEMONSTRATED. THE MARKET NEED IS EVALUATED BY A

TARGETED STUDY OF THE NUMBER OF PHYSICIANS NEEDED PER PRACTICE AREA BASED

ON POPULATION SIZE.

AS A MEMBER AND ENGAGED PARTICIPANT IN THE VENTURA COUNTY COMMUNITY

HEALTH NEEDS ASSESSMENT COLLABORATIVE, CMHS HAS TAKEN AN ACTIVE

LEADERSHIP ROLE IN THE SHARING OF VALUABLE INFORMATION ON HEALTH

IMPROVEMENT INITIATIVES AND THE PLANNING OF THE JOINT COMMUNITY HEALTH

NEEDS ASSESSMENT PROJECT IN 2019. THE 2019 JOINT CHNA WAS A SYNERGISTIC

PROCESS INVOLVING ALL MEMBERS OF THE CHNA COLLABORATIVE WORKGROUP. A

COORDINATED, CROSS-ORGANIZATIONAL STRATEGY WAS UTILIZED TO EVALUATE AND

ADDRESS THE HEALTH NEEDS OF COMMUNITIES ACROSS VENTURA COUNTY.

PART III, LINE 8

THE ENTIRE SHORTFALL OF MEDICARE EXPENSES OVER MEDICARE REIMBURSEMENTS

SHOULD BE CONSIDERED A COMMUNITY BENEFIT EXPENSE. THE MEDICARE COST

REPORT WAS USED TO DETERMINE THE COSTS ATTRIBUTABLE TO SERVICE MEDICARE

PATIENTS. THE SYSTEM IS REIMBURSED FOR SERVICES PROVIDED TO PATIENTS

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.

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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.

UNDER CERTAIN PROGRAMS ADMINISTERED BY GOVERNMENTAL AGENCIES, WHICH

INCLUDES THE MEDICARE PROGRAM. THE MEDICARE PROGRAM CONSISTS OF 25.6% OF

THE SYSTEMS NET REVENUE FOR 2019. HOSPITALS DO NOT DETERMINE THE LEVEL OF

PAYMENT FROM THE MEDICARE PROGRAM, AND THE MEDICARE PROGRAM DOES NOT

COVER THE COSTS OF TREATING THE SYSTEM'S MEDICARE PATIENTS, ALTHOUGH THE

QUALITY OF CARE AND ACCESS TO CARE IS THE SAME FOR ALL PATIENTS,

REGARDLESS OF PAYER SOURCE. UNREIMBURSED COST UNDER THE MEDICARE PROGRAM

IS A TRUE LOSS TO THE SYSTEM AND THE LOSS IS REFLECTED IN THE SYSTEM'S

FINANCIAL STATEMENTS. AS SUCH, MEDICARE LOSSES SHOULD BE CONSIDERED A

COMMUNITY BENEFIT PROVIDED BY THE SYSTEM.

PART III, LINE 9B

THE PATIENT'S ABILITY TO PAY IS EVALUATED UPON ADMISSION. A PATIENT

FINANCIAL SERVICES STAFF ASSISTS PATIENTS WITH APPLYING FOR LOCAL, STATE

AND FEDERAL PROGRAMS WHEN THERE IS NO OTHER SOURCE OF PAYMENT. IN THE

EVENT THAT NO THIRD-PARTY PAYMENT SOURCE IS AVAILABLE, PATIENTS ARE

PROVIDED WITH INFORMATION ON THE SYSTEM'S FINANCIAL ASSISTANCE PROGRAM.

FINANCIAL ASSISTANCE AND CHARITY CARE IS BASED ON A SLIDING SCALE FEE

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.

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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.

SCHEDULE UTILIZING THE CURRENT UNITED STATES FEDERAL POVERTY GUIDELINES.

INFORMATION FROM THE APPLICANT'S FINANCIAL APPLICATION AND SUPPORTING

DOCUMENTATION IS USED TO DETERMINE THE AMOUNT OF THE QUALIFIED FINANCIAL

ASSISTANCE TO BE GRANTED.

THE SYSTEM HAS A WRITTEN COLLECTION POLICY TO PROVIDE FOR AN EQUITABLE

PROCESS BY WHICH A PATIENT AND/OR RESPONSIBLE PARTY CAN MAKE A PAYMENT OR

PAYMENT ARRANGEMENT PRIOR TO OR AT THE TIME OF SERVICE. THE SYSTEM WILL

PROACTIVELY DETERMINE THE PATIENT'S ABILITY TO PAY. A DEPOSIT, BASED UPON

SELF-PAY LIABILITY IS COLLECTED PRIOR TO ADMISSION OR AT THE TIME OF

SERVICE. FOR PATIENTS WHO ARE UNABLE TO PAY THEIR ESTIMATED LIABILITY AT

THE TIME OF SERVICE, THE SYSTEM WILL OFFER A FINANCING OPTION. PATIENTS

WHO MEET CHARITY OR INDIGENT GUIDELINES WILL BE REFERRED TO A FINANCIAL

ADVOCATE FOR FINANCIAL AID.

PART VI, LINE 1

MANAGEMENT COMPANIES AND JOINT VENTURES

GROSSMAN IMAGING CENTER OF CMH, LLC

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.

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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.

BUENAVISTA MEDICAL PROPERTIES, LTD

VENTURA CARDIOVASCULAR CO-MANAGEMENT COMPANY, LLC

PART VI, LINE 2

NEEDS ASSESSMENT

IN 2019, CMHS WORKED CLOSELY WITH THE VENTURA COUNTY DEPARTMENT OF PUBLIC HEALTH, ADVENTIS HEALTH SIMI VALLEY, CAMARILLO HEALTH CARE DISTRICT, CLINICAS DEL CAMINO REAL, ST. JOHN'S REGIONAL MEDICAL CENTER, ST. JOHN'S PLEASANT VALLEY HOSPITAL, AND THE VENTURA COUNTY HEALTH CARE AGENCY COMMUNITY HEALTH CENTER TO UPDATE ITS COMMUNITY NEEDS ASSESSMENT. THE AREA-WIDE SURVEY AND STUDY CONSISTED OF AN ANALYSIS OF THE SOCIO-ECONOMIC PROFILE OF VENTURA COUNTY, A COMPREHENSIVE EXAMINATION OF THE HEALTH CARE STATUS AND NEEDS OF COMMUNITIES ACROSS VENTURA COUNTY, THE STATE OF HEALTHCARE DELIVERY AND ITS ASSOCIATED SERVICES, COMMUNITY REPORTED HEALTH NEEDS, AND COMMUNITY PRIORITIZATION AND IMPLEMENTATION STRATEGIES.

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.

PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

FINANCIAL ASSISTANCE PROGRAM BROCHURES EXPLAINING THE SYSTEM'S POLICY ARE POSTED AND MADE AVAILABLE TO PATIENTS AT THE TIME OF ADMITTANCE. SIGNS ALERTING PATIENTS TO THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE PROMINENTLY DISPLAYED. AN INSERT REGARDING FINANCIAL ASSISTANCE ACCOMPANIES EACH INVOICE OF HOSPITAL SERVICES SENT TO EACH PATIENT.

PART VI, LINE 4

COMMUNITY INFORMATION

THE HEALTH SYSTEM'S TWO HOSPITALS ARE LOCATED IN THE CITY OF VENTURA AND THE CITY OF OJAI. THE HEALTH SYSTEM PROVIDES SERVICES THROUGH ITS HOSPITALS AND CENTERS FOR FAMILY HEALTH TO ALL WESTERN VENTURA COUNTY, WHICH INCLUDES THE CITIES AND UNINCORPORATED AREAS SURROUNDING VENTURA, OJAI, SANTA PAULA, FILLMORE, OXNARD, PORT HUENEME AND CAMARILLO. THE POPULATION OF VENTURA COUNTY IS APPROXIMATELY 851,000 AND MADE OF UP 45% WHITE, 43% HISPANIC AND 12% OTHER RESIDENTS. THE POPULATION IS MADE UP OF 50.5% FEMALES AND 49.5% MALE WITH 15.6% OF THE POPULATION OVER THE AGE OF

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.

65. THE POVERTY RATE FOR THE COUNTY IS 9.5% AND 9.3% OF THE POPULATION

UNDER 65 IS UNINSURED. THE COUNTY OF VENTURA PROVIDES COMMUNITY DATA

THROUGH ITS WEBSITE "HEALTH MATTERS IN VC" AND CAN BE ACCESSED AT

HTTP://WWW.HEALTHMATTERSINVC.ORG/ FOR FURTHER INFORMATION.

IT HAS LONG BEEN ESTABLISHED THAT THERE ARE SIGNIFICANT VARIANCES IN

PHYSICAL AND BEHAVIORAL HEALTH CONCERNS BETWEEN GROUPS BASED ON

ETHNICITY, INCOME AND RESIDENCE. AS A RESULT, CMHS CAREFULLY CONSIDERS

MEANINGFUL DEMOGRAPHIC VARIABLES SUCH AS AGE, RACE AND ETHNICITY WHEN

PLANNING FOR BOTH INPATIENT AND OUTPATIENT CARE TO ENSURE THAT THE

PATIENT CARE SERVICES IT PROVIDES ARE SENSITIVE AND RELEVANT TO THE

PROGRAM PLANNING NEEDS OF THE COMMUNITIES IT SERVES.

PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

CMHS IS GOVERNED BY A DIVERSE BOARD OF DIRECTORS WHOSE MEMBERS ARE

REPRESENTATIVE OF THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP.

CONSISTENT WITH THE IRS "COMMUNITY BENEFIT STANDARD", A MAJORITY OF THE

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.

BOARD OF DIRECTORS ARE NEITHER EMPLOYEES, CONTRACTORS, NOR FAMILY MEMBERS OF THE ORGANIZATION. CMHS HAS AN OPEN MEDICAL STAFF, EXTENDING STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL AREAS AND DEPARTMENTS OF ITS FACILITY.

THE EMERGENCY DEPARTMENTS AT BOTH COMMUNITY MEMORIAL HOSPITAL AND OJAI VALLEY COMMUNITY HOSPITAL TREAT ALL PATIENTS, REGARDLESS OF THEIR SOCIO-ECONOMIC STATUS OR ABILITY TO PAY. THE HEALTH SYSTEM PROVIDES EMERGENCY SERVICES TO ALL PATIENTS, WITH OR WITHOUT INSURANCE, AND CONTRACTS WITH PHYSICIANS TO PROVIDE SPECIALTY EMERGENCY COVERAGE. THIS EMERGENCY TEAM INCLUDES BOARD-CERTIFIED EMERGENCY PHYSICIANS, PHYSICIAN ASSISTANTS; BOARD CERTIFIED NURSES, EMERGENCY MEDICAL TECHNICIANS, RESPIRATORY THERAPISTS AND OTHER HIGHLY TRAINED EMERGENCY CARE PROFESSIONALS. ALL ARE DEDICATED TO PROVIDING TECHNOLOGICALLY ADVANCED AND LIFESAVING MEDICAL SERVICES.

CMHS OFFERS FREE, EDUCATIONAL SEMINARS ON A MONTHLY BASIS TO COMMUNITIES ACROSS VENTURA COUNTY. THESE EVENTS COVER A WIDE VARIETY OF

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.

HEALTH-RELATED TOPICS SUCH AS DIABETES, CANCER, HEART DISEASE AND

VASCULAR HEALTH. CMHS ALSO OFFERS NUMEROUS CLASSES AND SUPPORT GROUPS

THROUGH ITS CANCER RESOURCE CENTER, NEW PARENT RESOURCE CENTER, WELLNESS

AND FITNESS CENTER, AND HEART AND VASCULAR HEALTH DEPARTMENT. THESE

RESOURCES ARE DESIGNED TO PROVIDE A COMMUNITY OF SUPPORT TO THOSE

NAVIGATING A SERIOUS ILLNESS, WORKING TO PREVENT OR ADDRESS A CHRONIC

DISEASE, OR BUILDING A HEALTHY FUTURE FOR THEIR NEW FAMILY.

PART VI, LINE 6

N/A

PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

CALIFORNIA

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number
95-1683892

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.

1 (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) CALIFORNIA HEALTH FOUNDATION & TRUST 1215 K STREET STE 800, SACRAMENTO, CA 95814	94-1498697	501(C)(3)	362,754.				CA HOSPITAL FEE PROGRAM
(2) VENTURA FAMILY YMCA 3760 TELEGRAPH ROAD, VENTURA, CA 93003	95-1643379	501(C)(3)	10,000.				GENERAL SUPPORT
(3) VENTURA CHAMBER OF COMMERCE 505 POLI STREET, 2ND FL, VENTURA, CA 93001	95-1332204	501(C)(6)	7,000.				GENERAL SUPPORT
(4) NATIONAL HEALTH FOUNDATION 515 S. FIGUEROA ST, STE 1300, LA, CA 90071	23-7314808	501(C)(3)	105,000.				GENERAL SUPPORT
(5) AMERICAN HEART ASSOCIATION 212 W. FIGUEROA ST, SANTA BARBARA, CA 93101	13-5613797	501(C)(3)	7,500.				GENERAL SUPPORT
(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 . . . . . ▶ 4.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

DESCRIPTION OF PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE GRANTS MADE BY COMMUNITY MEMORIAL HEALTH SYSTEM (CMHS) ARE ONLY GIVEN TO 501(C)(3), 501(C)(6) AND GOVERNMENT ORGANIZATIONS. ONCE THE GRANT IS GIVEN, IT IS NOT MONITORED BY CMHS AND IS LEFT UP TO THE DISCRETION OF THE GRANTEE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number
95-1683892

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CYNTHIA FAHEY CNO	(i)	268,008.	75,000.	264,280.	63,922.	533.	671,743.	250,505.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	STANLEY FROCHTZWAJG CMO, INPATIENT	(i)	371,338.	0.	110,808.	65,798.	2,851.	550,795.	72,193.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	WILFRED GARAND VP PLANNING & MANAGED CARE	(i)	268,300.	60,000.	259,817.	52,589.	0.	640,706.	255,328.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	DAVID GLYER CFO	(i)	384,649.	110,000.	115,672.	80,463.	5,501.	696,285.	102,577.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	DIANY KLEIN VP HUMAN RESOURCES (THRU 8/19)	(i)	222,681.	82,500.	181,969.	64,279.	0.	551,429.	164,748.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	HAADY LASHKARI CHIEF ADM OFFICER OJAI/VP CMH	(i)	243,746.	75,000.	198,476.	59,473.	11,976.	588,671.	195,908.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	EMILIE RAYMAN COMPLIANCE OFFICER	(i)	238,585.	50,000.	70,042.	46,689.	2,851.	408,167.	57,840.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	RICHARD REISMAN VP AMBULATORY MEDICINE	(i)	225,001.	0.	10,483.	0.	8,353.	243,837.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	ANTHONY RUSSELL CAO AMBULATORY MEDICINE	(i)	409,512.	50,000.	57,740.	60,431.	11,326.	589,009.	54,651.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	SAMUEL SMALL CHIEF OF MEDICAL EDUCATION	(i)	417,077.	0.	89,583.	80,993.	2,851.	590,504.	82,008.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	ADAM THUNELL VP OPERATIONS	(i)	399,474.	150,000.	520,103.	92,406.	6,976.	1,168,959.	517,006.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	GARY K. WILDE PRESIDENT & CEO	(i)	731,385.	200,000.	279,827.	392,000.	4,351.	1,607,563.	266,776.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	KEITH MCWILLIAMS CIO	(i)	279,017.	22,957.	2,052.	0.	7,828.	311,854.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	EUGENE DAY DIRECTOR OF PHARMACY	(i)	266,239.	0.	0.	0.	12,648.	278,887.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	CARLOS LIMON JR PHARMACIST	(i)	247,044.	0.	0.	0.	18,357.	265,401.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	KARI ANNE OSBORNE VP HUMAN RESOURCES	(i)	216,694.	15,588.	1,754.	0.	6,732.	240,768.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MARK SCHUETTE DIR CONSTRUCTION PROJECT MGMT	(i)	251,380.	0.	0.	0.	5,702.	257,082.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	PILAR PARKER RN III	(i)	268,324.	0.	0.	0.	6,430.	274,754.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	SCOTT GOODFRIEND PHYSICIAN ADVISOR	(i)	309,592.	0.	0.	0.	18,357.	327,949.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	DEBORAH CARLSON MD BOARD MEMBER	(i)	163,750.	0.	0.	0.	0.	163,750.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	CYNTHIA DEMOTTE VP QUALITY	(i)	216,240.	60,000.	505,951.	46,336.	2,533.	831,060.	500,979.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MICHAEL ELLINGSON VP MARKETING & DEVELOPMENT	(i)	231,271.	52,500.	51,321.	45,468.	533.	381,093.	45,866.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	RONALD SANDIFER CIO (THRU 6/19)	(i)	499,535.	0.	0.	0.	0.	499,535.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

FORM 990, SCHEDULE J, PART I, LINE 1A

CERTAIN EXECUTIVES ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE. THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2.

FORM 990, SCHEDULE J, PART I, LINE 4B

ON APRIL 1, 2002, A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE 2002 SERP) WAS ESTABLISHED TO COVER SENIOR STAFF MEMBERS OF CMHS. FOR THE 2002 SERP, THE MONTHLY BENEFIT AT NORMAL RETIREMENT DATE (AGE 65) IS EQUAL TO THE AVERAGE MONTHLY COMPENSATION FOR THE THREE-YEAR PERIOD DURING WHICH COMPENSATION WAS THE HIGHEST, INCLUDING PERIODS BEFORE APRIL 1, 2002, AT THE FOLLOWING RATES: (I) 4% FOR THE CEO AND 2% FOR OTHER PARTICIPANTS THROUGH APRIL 4, 2004, AND (II) 5% FOR THE CEO, WHICH INCLUDES A CATCH UP PROVISION FOR A SERP BENEFIT FORFEITED FROM A PRIOR EMPLOYER AS A CONDITION OF HIS EMPLOYMENT AT CMH, AND 2% FOR OTHER PARTICIPANTS AFTER APRIL 4, 2004. PARTICIPANTS VEST AFTER TEN YEARS OF SERVICE AND THE ATTAINMENT OF AGE 60, INCLUDING SERVICE PRIOR TO THE EFFECTIVE DATE, OR ATTAINMENT OF AGE 65, WHICHEVER IS EARLIER. TOGETHER, THE 1990 SERP AND THE 2002 SERP ARE REFERRED TO AS SERPS.

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.

THE SERPS WERE FUNDED BASED ON AN ANNUAL VALUATION OF THE LIABILITY. THE BOARD OF DIRECTORS HAD DESIGNATED ASSETS TO BE SEGREGATED TO FUND THE SERPS, WHICH WERE INCLUDED IN ASSETS LIMITED TO USE OR DEFERRED COMPENSATION PLANS AS OF DECEMBER 31, 2018. HOWEVER, THE ASSETS WERE NOT HELD IN TRUST OR, OTHERWISE, LEGALLY RESTRICTED TO FUND THE PLANS.

THE SERP WAS TERMINATED ON SEPTEMBER 30, 2019, AND DISTRIBUTIONS OF PLAN ASSETS WERE MADE TO PARTICIPANTS. BELOW ARE THE TAXABLE DISTRIBUTIONS TO PLAN PARTICIPANTS AS REPORTED ON SCHEDULE J, PART II:

CYNTHIA DEMOTTE - $500,979

MICHAEL ELLINGSON - $45,866

CYNTHIA FAHEY - $250,505

STANLEY FROCHTZWAJG - $72,193

WILFRED GARAND - $255,328

DAVID GLYER - $102,577

DIANY KLEIN - $164,748

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.

HAADY LASHKARI - $195,908

EMILIE RAYMAN - $57,840

ANTHONY RUSSELL - $54,651

SAMUEL SMALL - $82,008

ADAM THUNELL - $517,006

GARY K. WILDE - $266,776

FORM 990, SCHEDULE J, PART I, LINE 7

BONUSES ARE AWARDED TO EXECUTIVES BASED ON THEIR CONTRIBUTION TO THE

OVERALL GOALS OF THE SYSTEM, THEIR ACHIEVEMENT OF INDIVIDUAL GOALS AND

WITH REGARD TO REASONABLE COMPENSATION PRACTICES FOR COMPARABLE POSITIONS

IN LIKE ORGANIZATIONS. THE COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS

THE BONUSES AND MOVES FOR APPROVAL BY THE BOARD OF TRUSTEES.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number
95-1683892

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF SAN BUENAVENTURA	95-6000807	797049AJ2	08/17/2011	350,000,000.	REPLACEMENT FACILITIES		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	349,865,548.			
4	Gross proceeds in reserve funds	31,231,692.			
5	Capitalized interest from proceeds	187,475,791.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	131,158,066.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2018			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

SCHEDULE K

		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	5.3000 %		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	5.3000 %		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

Part IV **Arbitrage** *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V **Procedures To Undertake Corrective Action**

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

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

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

SCHEDULE K, PART II, LINE 3

ORIGINAL ISSUE DISCOUNT OF $134,452.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION TO DETERMINE THAT NO REBATE IS DUE WAS COMPLETED

ON 8/23/2017.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number

95-1683892

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1.	190,000.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

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

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

SCHEDULE M, PART I, COLUMN B

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED.

FORM 990, PART III, LINE 1

TO ESTABLISH, EQUIP AND MAINTAIN ONE OR MORE NONPROFIT HOSPITALS, MEDICAL CENTERS, INSTITUTIONS, CLINICS OR OTHER PLACES FOR THE RECEPTION AND CARE OF THE SICK, INJURED AND DISABLED, WITH PERMANENT FACILITIES THAT INCLUDE INPATIENT BED AND MEDICAL SERVICES; TO PROVIDE DIAGNOSIS AND TREATMENT FOR PATIENTS; AND TO PROVIDE ASSOCIATED SERVICES, OUTPATIENT CARE AND HOME CARE IN FURTHERANCE OF THIS CORPORATION'S CHARITABLE PURPOSES; TO PROMOTE AND CARRY ON EDUCATION ACTIVITIES RELATED TO THE CARE OF SICK, INJURED AND DISABLED, TO THE PROMOTION OF HEALTH; TO PROMOTE AND CARRY OUT SCIENTIFIC AND MEDICAL RESEARCH RELATED TO THE CARE OF THE SICK, INJURED AND DISABLED; AND TO PROMOTE OR CARRY OUT OTHER SUCH ACTIVITIES AS MAY BE DEEMED ADVISABLE FOR THE BETTERMENT OF THE GENERAL HEALTH OF THE COMMUNITIES SERVED.

FORM 990, PART III, LINES 4A-4C

COMMUNITY BENEFIT PLAN

CMHS IS DEDICATED TO ENHANCING THE HEALTH OF THE COMMUNITIES IT SERVES. IT DEMONSTRATES THIS COMMITMENT THROUGH A CONTINUED FOCUS ON THE FOLLOWING FOUR AREAS:

COMMUNITY EDUCATION OUTREACH

1. CONTINUING TO PROVIDE FINANCIAL SUPPORT/SPONSORSHIPS AND PARTICIPATE IN HEALTH FAIRS, PUBLIC EXPOS, EVENTS AND OTHER COMMUNITY OUTREACH OPPORTUNITIES TO PROMOTE HEALTH SERVICES, HEALTH EDUCATION, AND

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number: 95-1683892

PREVENTION RESOURCES THROUGHOUT THE COMMUNITY. HEALTH RELATED EDUCATION AND PREVENTION RESOURCES WILL BE FOCUSED AROUND DIABETES, OBESITY, PRENATAL CARE, HEART HEALTH, AND HEALTHY LIVING AND NUTRITION.

2. PROVIDE COMMUNITY MEMBERS AND EMPLOYEES OF LOCAL BUSINESSES WITH THE HEARTAWARE HEART DISEASE DETECTION AND SCREENING PROGRAM.

3. CONTINUE TO PARTICIPATE IN THE STATE CPSP PROGRAM TO PROVIDE EDUCATIONAL RESOURCES TO LOW INCOME CHILDREN AND PREGNANT WOMEN.

4. PROVIDE COMMUNITY FORUMS IN VENTURA AND OJAI HIGHLIGHTING THE STATUS OF OUR HEALTH SYSTEM (THE HOSPITALS AND THE CENTERS FOR FAMILY HEALTH), THE AVAILABILITY OF NEW SERVICES TO BENEFIT RESIDENTS OF THE COMMUNITY, AND OTHER COMMUNITY BENEFITS AND OUTREACH PROGRAMS PROVIDED BY THE HEALTH SYSTEM.

5. DISTRIBUTE A HEALTH INFORMATION CARD TO INDIVIDUALS IN THE COMMUNITY TO FACILITATE THE TRACKING OF PERSONAL HEALTH INFORMATION, AND EMPHASIZE THE IMPORTANCE OF THIS VITAL INFORMATION WHEN ACCESSING THE HOSPITAL, AND IN PARTICULAR, THE EMERGENCY DEPARTMENT.

6. ADD NEW DISEASE DETECTION AND SCREENING SERVICES WITH AN EMPHASIS ON DIFFERENT CONDITIONS OF IMPORTANCE, INCLUDING BUT NOT LIMITED TO, MAJOR CHRONIC DISEASES.

7. CONTINUE TO PROVIDE AT LEAST 3,000 FREE BLOOD PRESSURE CHECKS PER MONTH, AS WELL AS BLOOD PRESSURE MANAGEMENT EDUCATION AND RESOURCES, AT THE KIOSK IN THE PACIFIC VIEW MALL IN VENTURA.

ACCESS TO CARE

CMHS IS COMMITTED TO INCREASING ACCESS OF THE UNDERSERVED AND VULNERABLE

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number: 95-1683892

POPULATIONS TO PRIMARY AND SECONDARY MEDICAL CARE IN VARIOUS GEOGRAPHIC LOCATIONS THROUGHOUT ITS SERVICE AREA.

1. CONTINUE TO OFFER A FREE PHYSICIAN REFERRAL SERVICE FOR MEMBERS OF THE COMMUNITY, PROVIDING AT LEAST 1,000 REFERRALS PER YEAR TO LOCAL PHYSICIANS AND OTHER HEALTH SERVICES.

2. CONTINUE EXPANSION OF EXISTING CENTERS FOR FAMILY HEALTH CLINICS AS INDICATED BY AN INCREASE IN PATIENT VISITS.

3. CONTINUE TO PROVIDE ACCESS THROUGH THE CENTERS FOR FAMILY HEALTH CLINICS TO SIGNIFICANT NUMBERS OF MEDI-CAL PATIENTS AND UNINSURED INDIVIDUALS THROUGHOUT WESTERN VENTURA COUNTY.

4. CONTINUE TO PROVIDE GENERAL MEDICAL, SURGICAL, AND SPECIALTY PROFESSIONAL COVERAGE OF ER PATIENTS THROUGH THE "ER FUND". PROVIDE STIPENDS TO PHYSICIANS, AS NECESSARY, TO INSURE COVERAGE, ESPECIALLY FOR MEDI-CAL AND UNINSURED PATIENTS, BY ALL MEDI-CAL SPECIALTIES.

5. THROUGH THE CENTERS FOR FAMILY HEALTH CLINICS, CONTINUE TO PROVIDE AN EXTENSIVE CHILDHOOD IMMUNIZATION PROGRAM.

6. ENGAGE THE SENIOR AND AGING POPULATION IN DIALOGUE SURROUNDING HEALTH CARE OBJECTIVES AND ASSIST WITH CARE COORDINATION.

7. ENHANCE OUT-OF-AREA TRANSPORTATION SERVICES TO IMPROVE ACCESS TO CARE.

8. CONTINUE TO TRAIN RESIDENT PHYSICIANS THROUGH THE SYSTEM'S GRADUATE MEDICAL EDUCATION PROGRAM WITH AN EMPHASIS ON FAMILY AND INTERNAL MEDICINE. RESIDENTS PHYSICIANS IN THE GME PROGRAM PROVIDE FREE HEALTHCARE SERVICES AND HEALTH EDUCATION OUTREACH IN MEDICALLY UNDERSERVED AREAS OF VENTURA COUNTY.

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number: 95-1683892

UNCOMPENSATED AND UNDERFUNDED CARE

1. CONTINUE TO PROVIDE ACCESS TO A SIGNIFICANT NUMBER OF MEDI-CAL BENEFICIARIES ACROSS A BROAD RANGE OF MEDICAL SERVICES (MEASURED AS A PERCENTAGE OF GROSS REVENUE AND TOTALING AT LEAST 9%).

2. CONTINUE TO PROVIDE A SIGNIFICANT LEVEL OF SUBSIDIZED CARE THROUGH THE CENTERS FOR FAMILY HEALTH.

SPONSORSHIP OF COMMUNITY RESOURCES

1. CONTINUE TO ASSIST THE VENTURA COUNTY DISTRICT ATTORNEY'S OFFICE IN SUPPORTING VICTIMS OF DOMESTIC ABUSE THROUGH THE "PROJECT SAFE HARBOR" PROGRAM.

2. PROVIDE A ROTATION FOR TRAINING OB/GYN, ORTHOPEDIC SURGERY, INTERNAL MEDICINE, AND FAMILY MEDICINE PHYSICIAN RESIDENTS.

3. CONTINUE TO PROVIDE TOURS OF THE HOSPITALS TO THE YOUTH IN THE COMMUNITY.

4. CONTINUE TO PROVIDE DATA TO A NATIONAL TUMOR REGISTRY THAT SUPPORTS A KNOWLEDGE BASE DEDICATED TO ENHANCING THE CARE OF CANCER PATIENTS IN OUR COMMUNITY.

5. CONTINUE TO PROVIDE A CANCER RESOURCE CENTER THAT OFFERS NO-COST SUPPORT GROUPS AND OTHER RESOURCES TO HELP PATIENTS AND THEIR FAMILIES NAVIGATE THEIR CANCER DIAGNOSIS, TREATMENT, AND RECOVERY.

FORM 990, PART VI, LINE 11B

PROCESS USED TO REVIEW FORM 990

FORM 990 WAS PREPARED BY ERNST & YOUNG AND COMMUNITY MEMORIAL HEALTH

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number: 95-1683892

SYSTEM (CMHS) FINANCE WITH INPUT FROM THE SYSTEM'S PLANNING AND MANAGED CARE OFFICE. FORM 990 WAS REVIEWED BY THE CEO, CFO, CORPORATE COMPLIANCE OFFICER AND AUDIT COMMITTEE. IN ADDITION, A FULL COPY OF THE 990 WAS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL IN ADVANCE OF FILING THE FORM 990 WITH THE IRS.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY AND COLLECTED FROM DIRECTORS, OFFICERS AND KEY EMPLOYEES ON AN ANNUAL BASIS. SUCH STATEMENTS ENSURE FULL DISCLOSURE OF FINANCIAL INTERESTS AND TRANSACTIONS WHERE CONFLICT OF INTEREST IS A POSSIBILITY, AND SHALL ENSURE THE AVOIDANCE OF POTENTIAL CONFLICT OF INTEREST IN CHOOSING NEW DIRECTORS, AND OTHER MATTERS INVOLVING OFFICERS, DIRECTORS, AND KEY EMPLOYEES. IT IS THE POLICY OF CMHS THAT REQUIRES DIRECTORS TO DISQUALIFY HIMSELF/HERSELF FROM MAKING A DECISION WHERE HE/SHE HAS A CONFLICT OF INTEREST.

FORM 990, PART VI, QUESTIONS 15A AND 15B

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USED AN INDEPENDENT CONSULTANT TO SURVEY EXECUTIVE COMPENSATION. NATIONWIDE SURVEYS WERE USED TO COMPARE THE COMPENSATION OF THE HEALTH SYSTEM'S EXECUTIVE STAFF TO THE 50TH PERCENTILE OF THOSE SURVEYED AND BY ORGANIZATIONAL SIZE AND SCOPE. THE BOARD COMPENSATION COMMITTEE IS RESPONSIBLE FOR ENGAGING THE INDEPENDENT COMPENSATION CONSULTANT AND FOR DETERMINING THE COMPENSATION OF THE CEO. THE COMPENSATION FOR ALL OTHER EXECUTIVES IS DETERMINED BY THE CEO AND

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM
Employer identification number: 95-1683892

SUBJECT TO THE APPROVAL BY THE BOARD COMPENSATION COMMITTEE. THE RECOMMENDATION OF THE BOARD COMPENSATION COMMITTEE IS THEN APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED IN THE BOARD MINUTES. THE PROCESS WAS LAST COMPLETED IN MAY 2019.

FORM 990, PART VI, QUESTIONS 16A AND 16B

JOINT VENTURES

CMHS HAS MAINTAINED A LONG-STANDING PRACTICE OF REVIEWING ALL POTENTIAL JOINT VENTURE OR SIMILAR ARRANGEMENTS TO ENSURE THAT CONTRACT TERMS ARE CONSISTENT WITH THE PROTECTION OF ITS TAX-EXEMPT STATUS.

FORM 990, PART VI, QUESTION 19

PUBLIC DISCLOSURE OF CERTAIN DOCUMENTS

THE AUDITED FINANCIAL STATEMENTS, FORM 990 TAX RETURNS, GOVERNING AND ORGANIZATIONAL DOCUMENTS, AND CONFLICT OF INTEREST POLICY IS AVAILABLE THROUGH THE ADMINISTRATIVE OFFICES AND IS PROVIDED UPON REQUEST.

FORM 990, PART VIII, LINE 1F

ALL OTHER CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS THE AMOUNT SHOWN ON LINE 1F IS LESS THAN THE TOTAL AMOUNT OF CONTRIBUTIONS SHOWN ON SCHEDULE B. THIS DISCREPANCY RESULTS FROM ADJUSTMENTS MADE TO THE LINE 1F CONTRIBUTION REVENUE REMOVING AMOUNTS RECEIVED DURING THE YEAR FOR PRIOR YEAR PLEDGES.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

OTHER COMPONENTS OF NET PERIODIC POST-RETIREMENT COST $ 1,779,630

Name of the organization: COMMUNITY MEMORIAL HEALTH SYSTEM
Employer identification number: 95-1683892

CHANGE IN PENSION LIABILITY	$ 1,353,625
ACAOV CONTRIBUTED CAPITAL	$ 521,334
CHANGE IN PLEDGE RECEIVABLE RESERVE	$ 15,891
LEASE ADJUSTMENT	$(49,711)

TOTAL	$ 3,620,769

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AYA HEALTHCARE INC 5930 CORNERSTONE CRT W, SUITE 300 SAN DIEGO, CA 92121	REGISTRY NURSING	4,892,858.
ARENT FOX LLP P.O. BOX 644672 PITTSBURGH, PA 15264-4672	LEGAL SERVICES	3,371,829.
MEDICAL SOLUTIONS LLC 1010 N 102ND STREET, SUITE 300 OMAHA, NE 68114	REGISTRY NURSING	2,941,682.
DIVERSIFIED CLINICAL SERVICES INC P.O. BOX 551187 JACKSONVILLE, FL 32255	STAFFING SERVICES	1,234,032.
AEROTEK PROFESSIONAL SERVICES 3689 COLLECTION CENTER DRIVE CHICAGO, IL 60693	STAFFING SERVICES	1,231,523.

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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY MEMORIAL HEALTH SYSTEM

Employer identification number

95-1683892

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) ACCOUNTABLE CARE ALLIANCE OF VENTURA LLC 46-2843182 147 N. BRENT STREET VENTURA, CA 93003	MGMT SVCS	CA	0.	25.	CMHS
(2) COMMUNITY MEMORIAL PHYSICIANS SERVICES 46-3142917 147 N. BRENT STREET VENTURA, CA 93003	MGMT SVCS	CA	0.	0.	CMHS
(3) VENTURA ORTHOPEDIC CO-MANAGEMENT COMPANY 45-3483342 147 N. BRENT STREET VENTURA, CA 93003	MGMT SVCS	CA	0.	0.	CMHS
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? No
(1) COMMUNITY MEMORIAL HEALTHCARE FOUNDATION 95-3847251 147 N. BRENT STREET VENTURA, CA 93003	FUNDRAISING	CA	501(C)(3)	7	CMHS	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) GROSSMAN IMAGING CENTER OF CMH SEE PART VII	IMAGING CENTER	CA	N/A	RELATED	-102,391.	-801,970.		X	0.		X	51.0000
(2) VENTURA CARDIOVASCULAR CO-MGMT SEE PART VII	MANAGEMENT SVCS	CA	N/A	RELATED	213,400.	3,299.		X	0.	X		50.0000
(3) BUENAVISTA MEDICAL PROPERTIES SEE PART VII	RENTAL	CA	N/A	RELATED								
(4)												
(5)												
(6)												
(7)												

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	(i) No
(1) BUENAVISTA MEDICAL PROPERTIES, INC 77-0298516 147 N. BRENT STREET VENTURA, CA 93003	REAL ESTATE	CA	N/A	C CORP	267,824.	518,548.	100.0000	X	
(2) CALIFORNIA HEART INSTITUTE 77-0276145 147 N. BRENT STREET VENTURA, CA 93003	BILLING SERVICES	CA	N/A	C CORP	339,145.	232,706.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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
(1)	GROSSMAN IMAGING CENTER	A	96,226.	ACCRUAL METHOD
(2)	GROSSMAN IMAGING CENTER	D	2,878,122.	ACCRUAL METHOD
(3)	GROSSMAN IMAGING CENTER	J	168,432.	ACCRUAL METHOD
(4)	COMMUNITY MEMORIAL HEALTHCARE FDN	C	111,798.	ACCRUAL METHOD
(5)	COMMUNITY MEMORIAL HEALTHCARE FDN	Q	237,587.	ACCRUAL METHOD
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART III

INFORMATION FOR RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS

ORGANIZATION NAME: GROSSMAN IMAGING CENTER OF CMH, LLC

ORGANIZATION EIN: 37-1512002

U.S. ADDRESS: 2001 N. SOLAR DR., SUITE 135, OXNARD, CA 93030

ORGANIZATION NAME: VENTURA CARDIOVASCULAR CO-MANAGEMENT CO. LLC

ORGANIZATION EIN: 27-3227049

U.S. ADDRESS: 147 NORTH BRENT STREET, VENTURA, CA 93003

ORGANIZATION NAME: BUENAVISTA MEDICAL PROPERTIES, LTD.

ORGANIZATION EIN: 77-2753640

U.S. ADDRESS: 168 NORTH BRENT STREET, VENTURA, CA 93003