

**MISSION HOSPITAL REGIONAL MEDICAL CENTER**

**Exempt Organization Tax Returns**

**For The Year Ended 06/30/14**

**Copy – Retain For Your Records**

**PUBLIC INSPECTION COPY - 990-T**

PUBLIC INSPECTION COPY

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning 07/01, 2013, and ending 06/30, 2014.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B Exempt under section</b> <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	95-1643360
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	27700 MEDICAL CENTER ROAD	
<b>C Book value of all assets at end of year</b> 661,630,451.	City or town, state or province, country, and ZIP or foreign postal code MISSION VIEJO, CA 92691	<b>E Unrelated business activity codes</b> (See instructions.) 621511 812930
<b>F Group exemption number</b> (See instructions.) ▶ 0928		
<b>G Check organization type</b> ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H Describe the organization's primary unrelated business activity.** ▶ NON-PATIENT PATHOLOGY SERVICES AND PARKING

**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?** . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ ATTACHMENT 1

**J The books are in care of** ▶ AARON NEUHARTH Telephone number ▶ 949-364-7767

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 703,275.			
b	Less returns and allowances			
c	Balance ▶	1c 703,275.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3 703,275.		703,275.
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	<b>Total.</b> Combine lines 3 through 12	13 703,275.		703,275.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	54,422.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	5,438.
20	Charitable contributions (See instructions for limitation rules.) ATTACHMENT 4	20	25,016.
21	Depreciation (attach Form 4562)	21	5,353.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b		22b	5,353.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	25,395.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) ATTACHMENT 2	28	362,506.
29	<b>Total deductions.</b> Add lines 14 through 28	29	478,130.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	225,145.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	225,145.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	224,145.

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MISSION HOSPITAL REGIONAL MEDICAL CENTER	95-1643360
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	27700 MEDICAL CENTER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MISSION VIEJO, CA 92691	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► AARON NEUHARTH, 27700 MEDICAL CTR ROAD MISSION VIEJO, CA 92691

Telephone No. ► 949 364-7767 FAX No. ► 949 364-1581

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20     or

►  tax year beginning 07/01, 2013, and ending 06/30, 2014.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	77,568.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	89,300.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

Table with 3 columns: Description, Line Number, and Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, and Amount. Includes rows for Foreign tax credit (40a-d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Includes questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Line Number, and Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5, 7).

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below'.

Paid Preparer Use Only section including Print/Type preparer's name (EVA NITTA), Preparer's signature, Date (5/11/15), Firm's name (ERNST & YOUNG U.S. LLP), Firm's address (4370 LA JOLLA VILLAGE DR, SUITE 500, SAN DIEGO, CA 92122), Firm's EIN (34-6565596), and Phone no. (858-535-7200).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . .

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals . . . . . Total dividends-received deductions included in column 8 . . . . .

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4) and a Totals row with instructions for adding columns.

Totals . . . . .

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

# Underpayment of Estimated Tax by Corporations

**2013**

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name: **MISSION HOSPITAL REGIONAL MEDICAL CENTER**  
 Employer identification number: **95-1643360**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

<b>1</b>	Total tax (see instructions) . . . . .	<b>1</b>	76,209.
<b>2a</b>	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .	<b>2a</b>	
<b>b</b>	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2b</b>	
<b>c</b>	Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2c</b>	
<b>d</b>	<b>Total.</b> Add lines 2a through 2c . . . . .	<b>2d</b>	
<b>3</b>	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. . . . .	<b>3</b>	76,209.
<b>4</b>	Enter the tax shown on the corporation's 2012 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> . . . . .	<b>4</b>	18,346.
<b>5</b>	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .	<b>5</b>	18,346.

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

<b>6</b>	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
<b>7</b>	<input type="checkbox"/>	The corporation is using the annualized income installment method.
<b>8</b>	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	10/15/2013	12/15/2013	03/15/2014	06/15/2014
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column . . . . .	4,587.	4,587.	4,587.	4,585.
<b>11</b> Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 . . . . .		4,500.	4,500.	4,500.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column . . . . .				
<b>13</b> Add lines 11 and 12 . . . . .		4,500.	4,500.	4,500.
<b>14</b> Add amounts on lines 16 and 17 of the preceding column . . . . .		4,587.	4,674.	4,761.
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .				
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .		87.	174.	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	4,587.	4,587.	4,587.	4,585.
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> . . . . .				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .				
<b>21</b> Number of days on line 20 after 4/15/2013 and before 7/1/2013				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3%	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2013 and before 10/1/2013	ATTACHMENT 1			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3%	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2013 and before 1/1/2014	SEE PENALTY COMPUTATION WHITEPAPER DETAIL			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3%	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2013 and before 4/1/2014				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3%	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2014 and before 7/1/2014				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 3%	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2014 and before 10/1/2014				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x 3%	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2014 and before 1/1/2015				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x 3%	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2014 and before 2/16/2015				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x 3%	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . .				<b>38</b> \$ 19.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



PENALTY COMPUTATION DETAIL - FORM 2220

<u>DATE PD</u>	<u>UNDERPAYMENT</u>	<u>BEG. DATE</u>	<u>END DATE</u>	<u>DAYS</u>	<u>%</u>	<u>PENALTY</u>
<u>QUARTER 1, RATE PERIOD 1 (10/15/2013 - 11/15/2014)</u>						
10/22/2013	4,500.	10/15/2013	10/22/2013	7	3	3.
12/20/2013	87.	10/15/2013	12/20/2013	66	3	
TOTAL FOR QUARTER 1, RATE PERIOD 1						<u>3.</u>
<u>QUARTER 2, RATE PERIOD 1 (12/15/2013 - 11/15/2014)</u>						
12/20/2013	4,413.	12/15/2013	12/20/2013	5	3	2.
03/27/2014	174.	12/15/2013	03/27/2014	102	3	1.
TOTAL FOR QUARTER 2, RATE PERIOD 1						<u>3.</u>
<u>QUARTER 3, RATE PERIOD 1 (03/15/2014 - 11/15/2014)</u>						
03/27/2014	4,326.	03/15/2014	03/27/2014	12	3	4.
06/24/2014	261.	03/15/2014	06/24/2014	101	3	2.
TOTAL FOR QUARTER 3, RATE PERIOD 1						<u>6.</u>
<u>QUARTER 4, RATE PERIOD 1 (06/15/2014 - 11/15/2014)</u>						
06/24/2014	4,239.	06/15/2014	06/24/2014	9	3	3.
	346.	06/15/2014	11/15/2014	153	3	4.
TOTAL FOR QUARTER 4, RATE PERIOD 1						<u>7.</u>
TOTAL UNDERPAYMENT PENALTY						<u>19.</u>

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MISSION HOSPITAL REGIONAL MEDICAL CENTER

95-1643360

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,353

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,353
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2013 tax year (see instructions): 43 Amortization of costs that began before your 2013 tax year. 44 Total. Add amounts in column (f). See the instructions for where to report.

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

**2013**

▶ **Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).**

Name <b>MISSION HOSPITAL REGIONAL MEDICAL CENTER</b>		Employer identification number <b>95-1643360</b>
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**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	224,145
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . .	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o . . . . .	<b>3</b>	224,145
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	224,145
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) . . . . .	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount . . . . .	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive) . . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT . . . . .	<b>5</b>	224,145
<b>6</b>	Alternative tax net operating loss deduction (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	224,145
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (.25) . . . . .	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8c</b>	0
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	224,145
<b>10</b>	Multiply line 9 by 20% (.20) . . . . .	<b>10</b>	44,829
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 . . . . .	<b>12</b>	44,829
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	76,209
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	

For Paperwork Reduction Act Notice, see separate instructions.

# Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	224,145
<b>2</b>	ACE depreciation adjustment:			
<b>a</b>	AMT depreciation	<b>2a</b>		
<b>b</b>	ACE depreciation:			
(1)	Post-1993 property	<b>2b(1)</b>		
(2)	Post-1989, pre-1994 property	<b>2b(2)</b>		
(3)	Pre-1990 MACRS property	<b>2b(3)</b>		
(4)	Pre-1990 original ACRS property	<b>2b(4)</b>		
(5)	Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
(6)	Other property	<b>2b(6)</b>		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	224,145

NAME AND FEIN OF PARENT CORPORATION

ST. JOSEPH HEALTH SYSTEM

EIN: 95-3589356

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

RENT EXPENSE	5,651.
SUPPLIES	222,189.
INDIRECT COSTS	71,622.
PURCHASED SERVICES	52,334.
PHYSICIAN FEES	5,568.
OTHER MISCELLANEOUS EXPENSES	5,142.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>362,506.</u>

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T .....	224,145.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
3	SUBTRACT LINE 2 FROM LINE 1 .....	224,145.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	
5	SUBTRACT LINE 4 FROM LINE 3 .....	224,145.
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS .....	224,145.
7	SUBTRACT LINE 6 FROM LINE 5 .....	
8	ENTER 15% OF LINE 2 .....	
9	ENTER 25% OF LINE 4 .....	
10	ENTER 34% OF LINE 6 .....	76,209.
11	ENTER 35% OF LINE 7 .....	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750 .....	
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000 .....	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T .....	76,209.



MISSION HOSPITAL REGIONAL MEDICAL CENTER  
 FEIN: 95-1643360  
 FOR THE YEAR ENDED JUNE 30, 2014  
 FORM 990-T, PART II, LINE 20

CHARITABLE CONTRIBUTION CARRYFORWARD

TAX YEAR	CHARITABLE CONTRIBUTION GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 6/30/2014*	CARRYFORWARD TO 06/30/2014
6/30/2010	240,310			240,310
6/30/2011	75,650			75,650
6/30/2012	2,286,490			2,286,490
6/30/2013	2,335,371			2,335,371
6/30/2014	2,034,389		25,016	2,009,373
TOTAL CARRYFORWARD TO 06/30/2015				<u><u>6,947,194</u></u>

\* LIMITED TO 10% OF NET UNRELATED BUSINESS INCOME BEFORE THE DEDUCTION

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

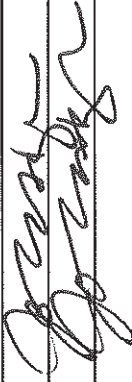
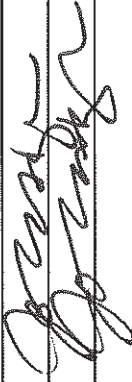
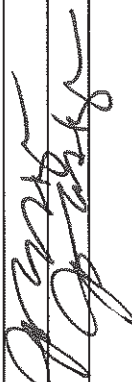
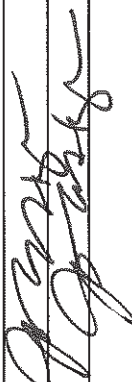
The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following apportionment plan with respect to the taxable year which includes December 31, 2013.

Corp. No.	Corporation Name	Section 11 Income Tax Brackets				Part III (e)	Part III (d)	Part III (c)	Part III (b)	Part III (a)	Additional 5% Tax \$11,750	Additional 3% Tax \$100,000	Sec. 535(c)(2) and (3) accumulated earnings credit \$150,000	Section 55(d)(2) AMT Tax Exemption \$40,000	Section 55(d)(3) AMT Exemption Phase Out \$150,000	Section 6655 (g)(2)(B)(i) Large Corporation Income \$1,000,000	Section 38 (c)(1)(B) General Business Credit Limitation \$25,000
		Part III (b)	Part III (c)	Part III (d)	Part III (e)												
1	St. Joseph Professional Services Enterprises, Inc.	\$ 50,000	\$ 25,000	\$ 3,000,000		\$ 11,750	\$ 100,000	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 25,000	
2	St. Joseph Health System			\$ 1,000,000													
3	St. Jude Hospital, Inc. dba St. Jude Medical Center			\$ 200,000													
4	Santa Rosa Memorial Hospital			\$ 1,000,000													
5	Queen of the Valley Medical Center			\$ 225,000													
6	Mission Hospital Regional Medical Center			\$ 1,000,000													
7	Mission Viejo Medical Ventures, Inc.			\$ 200,000													
8	St. Joseph Hospital of Orange			\$ 225,000													
9	Lubbock Methodist Hospital, Levelland			\$ 200,000													
10	Lubbock Methodist Hospital, Plainview			\$ 125,000													
11	Lubbock Methodist Hospital Services			\$ 2,000,000													
12	Lubbock Methodist Hospital Practice Management Services, Inc dba Methodist Medical Group			\$ 125,000													
13	Methodist Children's Hospital			\$ 125,000													
14	Covenant Health System			\$ 125,000													
15	St. Mary Medical Center			\$ 125,000													
16	St. Joseph Health			\$ 125,000													
17	St. Joseph Health Source, Inc.			\$ 125,000													
		\$ 50,000	\$ 25,000	\$ 9,925,000		\$ 11,750	\$ 100,000	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 25,000	

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPOINTMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following apportionment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.

Corp. No.	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St. Joseph Professional Services Enterprises, Inc.	6/30/2014	33-0155323	3345 Michelson Dr., Suite 100, Irvine, CA 92612		1/28/15
2	St. Joseph Health System	6/30/2014	95-3589356	3345 Michelson Dr., Suite 100, Irvine, CA 92612		1/28/15
3	St. Jude Hospital, Inc. dba St. Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fullerton, CA 92635-3875		
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1165 Montgomery Drive Santa Rosa, CA 95405-4897		
5	Queen of the Valley Medical Center	6/30/2014	94-1243669	1000 Trancas Street P.O. Box 2340 Napa, CA 94558-2306		
6	Mission Hospital Regional Medical Center	6/30/2014	95-1943350	27700 Medical Center Road Mission Viejo, CA 92691		
7	Mission Viejo Medical Ventures, Inc.	3/31/2014	95-2837780	27800 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	St. Joseph Hospital of Orange	6/30/2014	95-1643356	1100 West Stewart Dr. Orange, CA 92668-3891		
9	Lubbock Methodist Hospital, Levelland	6/30/2014	75-2246348	1900 College Levelland, TX 79336		
10	Lubbock Methodist Hospital, Plainview	6/30/2014	75-2426010	2801 Dimmitt Road Plainview, TX 79072		
11	Lubbock Methodist Hospital Services	6/30/2014	75-2116585	3615 19th Street Lubbock, TX 79410		
12	Lubbock Methodist Hospital Practice Management Services, Inc. dba Methodist Medical Group	6/30/2014	75-2576995	3420 22nd Place Lubbock, TX 79410		
13	Methodist Children's Hospital	6/30/2014	75-2428911	3610 21st Street Lubbock, TX 79410		
14	Covenant Health System	6/30/2014	75-2765656	4000 24th Street Lubbock, TX 79410		
15	St. Mary Medical Center	6/30/2014	95-1914489	18300 Highway 18 Apple Valley, CA 92307-2255		
16	St. Joseph Health	6/30/2014	45-2340232	3345 Michelson Drive, Suite 100 Irvine, CA 92612		1/28/15
17	St. Joseph Health Sources, Inc.	6/30/2014	46-1900188	3345 Michelson Drive, Suite 100 Irvine, CA 92612		1/28/15

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPOINTMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following appointment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.

Corp. No.	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St. Joseph Professional Services Enterprises, Inc.	6/30/2014	33-0155323	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
2	St. Joseph Health System	6/30/2014	95-3589356	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
3	St. Jude Hospital, Inc. dba St. Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fullerton, CA 92635-3875		
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1165 Montgomery Drive Santa Rosa, CA 95405-4897		2/16/15
5	Queen of the Valley Medical Center	6/30/2014	94-1243659	1000 Trancas Street P.O. Box 2340 Napa, CA 94558-2006		
6	Mission Hospital Regional Medical Center	6/30/2014	95-1643360	27700 Medical Center Road Mission Viejo, CA 92691		
7	Mission Viejo Medical Ventures, Inc.	3/31/2014	95-2837760	27800 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	St. Joseph Hospital of Orange	6/30/2014	95-1643359	1100 West Stewart Dr. Orange, CA 92668-3891		
9	Lubbock Methodist Hospital, Levelland	6/30/2014	75-2246348	1500 College Levelland, TX 79336		
10	Lubbock Methodist Hospital, Plainview	6/30/2014	75-2426010	2601 Dimmitt Road Plainview, TX 79072		
11	Lubbock Methodist Hospital Services	6/30/2014	75-2118585	3515 16th Street Lubbock, TX 79410		
12	Lubbock Methodist Hospital Practice Management Services, Inc dba Methodist Medical Group	6/30/2014	75-2578695	3420 22nd Place Lubbock, TX 79410		
13	Methodist Children's Hospital	6/30/2014	75-2426811	3510 21st Street Lubbock, TX 79410		
14	Covenant Health System	6/30/2014	75-2765566	4000 24th Street Lubbock, TX 79410		
15	St. Mary Medical Center	6/30/2014	95-1914489	18300 Highway 18 Apple Valley, CA 92307-2255		
16	St. Joseph Health	6/30/2014	46-2340232	3345 Michelson Drive, Suite 100 Irvine, CA 92612		
17	St. Joseph Health Source, Inc.	6/30/2014	46-1900168	3345 Michelson Drive, Suite 100 Irvine, CA 92612		

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following apportionment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.

Corp. No.	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St. Joseph Professional Services Enterprises, Inc.	6/30/2014	33-0155323	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
2	St. Joseph Health System	6/30/2014	95-3569356	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
3	St. Jude Hospital, Inc. dba St. Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fullerton, CA 92635-3875		1/28/15
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1165 Montgomery Drive Santa Rosa, CA 95405-6887	<i>Mark Bicein</i>	1/28/15
5	Queen of the Valley Medical Center	6/30/2014	94-1246689	1000 Francis Street P.O. Box 2340 Napa, CA 94556-2906	<i>Mark Bicein</i>	1/28/15
6	Mission Hospital Regional Medical Center	6/30/2014	95-1649350	27703 Medical Center Road Mission Viejo, CA 92691		
7	Mission Viejo Medical Ventures, Inc.	3/31/2014	95-2637780	27903 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	St. Joseph Hospital of Orange	6/30/2014	95-1649358	1100 West Stewart Dr. Orange, CA 92668-3881		
9	Lubbock Methodist Hospital, Leveland	6/30/2014	75-2246348	1900 College Leveland, TX 79036		
10	Lubbock Methodist Hospital, Plainview	6/30/2014	75-2426070	2601 Dimmitt Road Plainview, TX 79072		
11	Lubbock Methodist Hospital Services	6/30/2014	75-2118585	3615 15th Street Lubbock, TX 79410		
12	Lubbock Methodist Hospital Practice Management Services, Inc dba Methodist Medical Group	6/30/2014	75-2576895	3420 22nd Place Lubbock, TX 79410		
13	Methodist Children's Hospital	6/30/2014	75-2428911	3610 21st Street Lubbock, TX 79410		
14	Covenant Health System	6/30/2014	75-2765666	4000 24th Street Lubbock, TX 79410		
15	St. Mary Medical Center	6/30/2014	95-1914483	18300 Highway 18 Apple Valley, CA 92307-2255		
16	St. Joseph Health	6/30/2014	45-2940222	3345 Michelson Drive, Suite 100 Irvine, CA 92612		
17	St. Joseph Health Source, Inc.	6/30/2014	46-1900188	3345 Michelson Drive, Suite 100 Irvine, CA 92612		

ST JOSEPH HEALTH SYSTEM

ELECTION OF APPOINTMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following appointment plan with respect to the taxable year which includes December 31, 2013  
 The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah

Corp No	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St Joseph Professional Services Enterprises, Inc	6/30/2014	33-0145323	3345 Michelson Dr, Suite 100, Irvine, CA 92612		
2	St Joseph Health System	6/30/2014	95-3589355	3345 Michelson Dr, Suite 100, Irvine, CA 92612		
3	St Jude Hospital, Inc dba St Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fullerton, CA 92635-3875		
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1155 Montgomery Drive Santa Rosa, CA 95405-4897		
5	Queen of the Valley Medical Center	6/30/2014	94-1243889	1000 Terrace Street P O Box 2240 Napa, CA 94558-2906		
6	Mission Hospital Regional Medical Center	6/30/2014	95-1643350	27700 Medical Center Road Mission Viejo CA 92691		1/29/15
7	Mission Viejo Medical Ventures, Inc	3/31/2014	95-2837780	27800 Medical Center Road, Suite 354 Mission Viejo, CA 92691	<i>Edson Head</i>	1/29/15
8	St Joseph Hospital of Orange	6/30/2014	95-1643359	1100 West Stewart Dr Orange, CA 92666-3891		
9	Lubbock Methodist Hospital, Levelland	6/30/2014	75-2245348	1900 College Levelland, TX 79306		
10	Lubbock Methodist Hospital, Plainview	6/30/2014	75-2425010	2801 Dumont Road Plainview, TX 79072		
11	Lubbock Methodist Hospital Services	6/30/2014	75-2118585	3615 19th Street Lubbock, TX 79410		
12	Lubbock Methodist Hospital Practice Management Services, Inc dba Methodist Medical Group	6/30/2014	75-2578995	3420 22nd Place Lubbock, TX 79410		
13	Methodist Children's Hospital	6/30/2014	75-2428811	3810 21st Street Lubbock, TX 79410		
14	Covenant Health System	6/30/2014	75-2765566	4000 24th Street Lubbock, TX 79410		
15	St Mary Medical Center	6/30/2014	95-1914489	18300 Highway 19 Apple Valley, CA 92307-2255		
16	St Joseph Health	6/30/2014	46-2340232	3345 Michelson Drive, Suite 100 Irvine, CA 92612		
17	St Joseph Health Sources, Inc	6/30/2014	46-1900168	3345 Michelson Drive, Suite 100 Irvine, CA 92612		

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following apportionment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.







Corp. No. Corporation Name

	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	6/30/2014	33-0163323	3345 Atchafson Dr., Suite 100, Irvine, CA 92612		
2	6/30/2014	65-388058	3345 Atchafson Dr., Suite 100, Irvine, CA 92612		
3	6/30/2014	65-1643325	101 East Valencia Mesa Drive Folsom, CA 92635-3975		
4	6/30/2014	84-1243608	1165 Montgomery Drive Santa Rosa, CA 95405-4897		
5	6/30/2014	84-1243608	1000 Trancas Street P.O. Box 2340 Hapa, CA 94555-2905		
6	6/30/2014	85-1643350	27700 Medical Center Road Mission Viejo, CA 92691		
7	6/30/2014	85-2637780	27600 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	6/30/2014	85-1643359	1100 West Stewart Dr. Orange, CA 92668-3891		7/28/15
9	6/30/2014	75-2246348	1800 College Lubbock, TX 79435		
10	6/30/2014	75-2426010	2601 Dornitt Road Pleasview, TX 79072		
11	6/30/2014	75-2116555	3815 10th Street Lubbock, TX 79410		
12	6/30/2014	75-2676980	3420 22nd Place Lubbock, TX 79410		
13	6/30/2014	75-2428911	2610 21st Street Lubbock, TX 79410		
14	6/30/2014	75-2765568	4003 24th Street Lubbock, TX 79410		
15	6/30/2014	95-1614468	18300 Highway 18 Apple Valley, CA 92307-2255		
16	6/30/2014	46-2340232	6345 Atchafson Drive, Suite 100 Irvine, CA 92612		
17	6/30/2014	46-1800166	3345 Atchafson Drive, Suite 100 Irvine, CA 92612		

ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPOINTMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following appointment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.

Corp. No.	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St. Joseph Professional Services Enterprises, Inc.	6/30/2014	33-0155523	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
2	St. Joseph Health System	6/30/2014	95-3566366	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
3	St. Jude Hospital, Inc. dba St. Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fulkerton, CA 92635-3975		
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1165 Montgomery Drive Santa Rosa, CA 95405-4897		
5	Queen of the Valley Medical Center	6/30/2014	94-1242669	1000 Francis Street P.O. Box 2340 Napa, CA 94558-2906		
6	Mission Hospital Regional Medical Center	6/30/2014	95-1643350	2700 Mission Valley Road Mission Viejo, CA 92681		
7	Mission Viejo Medical Ventures, Inc.	3/31/2014	95-2837100	21800 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	St. Joseph Hospital of Orange	6/30/2014	95-1643359	1100 West Stewart Dr. Orange, CA 92668-3991		
9	Lubbock Methodist Hospital, Levelland	6/30/2014	75-2246548	1800 College Levelland, TX 79336		2-5-15
10	Lubbock Methodist Hospital, Fairview	6/30/2014	75-2426010	2601 Dennett Road Fairview, TX 78072		2-5-15
11	Lubbock Methodist Hospital Services	6/30/2014	75-2118285	2615 19th Street Lubbock, TX 79410		2-5-15
12	Lubbock Methodist Hospital Practice Management Services, Inc. dba Methodist Medical Group	6/30/2014	75-2578995	3420 22nd Place Lubbock, TX 79410		2-5-15
13	Methodist Children's Hospital	6/30/2014	75-2428911	3810 21st Street Lubbock, TX 79410		2-5-15
14	Governor Health System	6/30/2014	75-2785566	4000 24th Street Lubbock, TX 79410		2-5-15
15	St. Mary Medical Center	6/30/2014	95-1814489	18300 Highway 18 Apple Valley, CA 92307-2255		
16	St. Joseph Health	6/30/2014	45-2340232	3345 Michelson Drive, Suite 100 Irvine, CA 92612		
17	St. Joseph Health Source, Inc.	6/30/2014	48-1900168	3345 Michelson Drive, Suite 100 Irvine, CA 92612		



ST. JOSEPH HEALTH SYSTEM

ELECTION OF APPORTIONMENT SCHEDULE FOR CONTROLLED GROUP CORPORATIONS

The following corporations, component members of a controlled group of corporations, hereby consent under Section 1561(a) to the following apportionment plan with respect to the taxable year which includes December 31, 2013. The original of this statement is filed with the Internal Revenue Service Center in Ogden, Utah.

Corp. No.	Corporation Name	Taxable Year	FEIN	Address	Authorized Officer Signature	Date
1	St. Joseph Professional Services Enterprises, Inc.	6/30/2014	33-0165523	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
2	St. Joseph Health System	6/30/2014	95-3589356	3345 Michelson Dr., Suite 100, Irvine, CA 92612		
3	St. Jude Hospital, Inc. dba St. Jude Medical Center	6/30/2014	95-1643325	101 East Valencia Mesa Drive Fullerton, CA 92635-3875		
4	Santa Rosa Memorial Hospital	6/30/2014	94-1231005	1165 Montgomery Drive Santa Rosa, CA 95405-4997		
5	Queen of the Valley Medical Center	6/30/2014	94-1243669	1000 Trancas Street P.O. Box 2340 Napa, CA 94558-2906		
6	Mission Hospital Regional Medical Center	6/30/2014	95-1643350	27700 Medical Center Road Mission Viejo, CA 92691		
7	Mission Viejo Medical Ventures, Inc.	3/31/2014	95-2837780	27800 Medical Center Road, Suite 354 Mission Viejo, CA 92691		
8	St. Joseph Hospital of Orange	6/30/2014	95-1643359	1100 West Stewart Dr. Orange, CA 92668-3691		
9	Lubbock Methodist Hospital, Leveland	6/30/2014	75-2249548	1500 College Leveland, TX 79336		
10	Lubbock Methodist Hospital, Plainview	6/30/2014	75-2468510	2601 Dimmitt Road Plainview, TX 79072		
11	Lubbock Methodist Hospital Services	6/30/2014	75-2118565	3615 18th Street Lubbock, TX 79410		
12	Lubbock Methodist Hospital Practice Management Services, Inc dba Methodist Medical Group	6/30/2014	75-2578995	3420 22nd Place Lubbock, TX 79410		
13	Methodist Children's Hospital	6/30/2014	75-2428811	3610 21st Street Lubbock, TX 79410		
14	Covenant Health System	6/30/2014	75-2765566	4200 24th Street Lubbock, TX 79410		
15	St. Mary Medical Center	6/30/2014	95-1814469	18300 Highway 18 Apple Valley, CA 92307-2255	<i>Jacques Duranet</i>	1/28/15
16	St. Joseph Health	6/30/2014	46-2340232	3345 Michelson Drive, Suite 100 Irvine, CA 92612		
17	St. Joseph Health Source, Inc.	6/30/2014	46-1600168	3345 Michelson Drive, Suite 100 Irvine, CA 92612		