SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Barlow Respiratory Hospital

Employer identification number: 95-1647809

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:	3a	X	
[ ] 100% [ ] 150% [X] 200% [ ] Other _____ %			
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:	3b	X	
[ ] 200% [ ] 250% [ ] 300% [X] 350% [ ] 400% Other _____ %			
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		X
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	X	

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)			323,709.		323,709.	0.66
b Medicaid (from Worksheet 3, column a)			4,251,741.	2,680,631.	1,571,110.	3.22
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	0	0	4,575,450.	2,680,631.	1,894,819.	3.88
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,721.		4,721.	0.01
f Health professions education (from Worksheet 5)			95,340.		95,340.	0.20
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	0	0	100,061.	0.	100,061.	0.21
k Total. Add lines 7d and 7j	0	0	4,675,511.	2,680,631.	1,994,880.	4.09

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			5,662.		5,662.	0.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	0	0	5,662.	0.	5,662.	0.01

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	264,025.		
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	29,974,913.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	31,471,239.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,496,326.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

		Yes	No
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 instrs)

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities (list in order of size, from largest to smallest – see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical and surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Barlow Respiratory Hospital 2000 Stadium Way Los Angeles, CA 90026	X									

Part V Facility Information *(continued)* Copy 1 of 1

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 Barlow Respiratory Hospital

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	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] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2013			
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 Part V	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	[ ] Hospital facility's website (list url):			
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: 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If 'Yes,' (list url):			
b	If 'No,' is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
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. Part V			
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)* Copy 1 of 1

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Barlow Respiratory Hospital

			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?	13	X	
	If 'Yes,' indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[ ] Insurance status			
f	[ ] 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	[ ] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[ ] 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	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy 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	[ ] The FAP was widely available on a website (list url):			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
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] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] Other (describe in Section C)			

Billing and Collections

			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 non-payment?	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	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[ ] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)* Copy 1 of 1

Name of hospital facility or letter of facility reporting group Barlow Respiratory Hospital

		Yes	No
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** ☐ Actions that require a legal or judicial process
- **d** ☐ 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** ☒ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

		Yes	No
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)

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Section C)

		Yes	No
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)* Copy of

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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, Line 5 - Account Input from Person Who Represent the Community

Facility: Barlow Respiratory Hospital

Part V, Section B, line 5

Input from Persons who represent the Community - Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Thirteen interviews were completed during August, 2013. For the interviews, community stakeholders identified by Barlow were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations, or regional, State or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." A list of the stakeholder interview respondents, their titles, organizations and leadership roles are in CHNA.

Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why

Facility: Barlow Respiratory Hospital

Part V, Section B, line 11

Barlow completed a Community Health Needs Assessment (CHNA) and adopted an Implementation Strategy in October 2013.

Barlow is a regional referral center and our primary service area is defined as the entirety of Los Angeles County. Because of the vast size of this service area, the identified community health needs in the region are many and far reaching. They include:

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)

- Access to care
- Chronic disease conditions
- Homelessness
- Mental health
- Nutrition and physical activity
- Overweight and obesity
- Preventive practices (vaccines, screenings)
- Smoking

Due to the enormity of the issues identified in the CHNA, and the relatively modest resources of our organization, we are not able to address all community needs. Rather, we have chosen to address a subset of prioritized needs that we selected utilizing the following criteria:

- Existing organizational infrastructure and capacity - whether the hospital has programs, systems, staff and support resources in place to address the issue.

- Established relationships - whether there are established relationships with community partners to address the issue.

- Ongoing investment - whether existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

- Focus area - whether the hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

Part V Facility Information *(continued)* Copy of

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)

Application of the criteria resulted in the following prioritized list of community health needs:

Chronic disease conditions - ranking high

Smoking - ranking high

Homelessness - ranking low

Mental health - ranking low

Nutrition/phyical activity - ranking low

Overweight/obesity - ranking low

Preventive practices - ranking low

Barlow has begun an implementation program to address these prioritized needs.

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? 0

Name and address	Type of Facility (describe)

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 III, Line 2 - Methodology Used To Estimate Bad Debt Expense

Sch. H, Part III, Line 2

Bad debt expense includes actual charges written off as uncollectible and an estimate of uncollectible bad debt amounts in open accounts at fiscal year end.

Form 990 Schedule H, Part VI: Supplemental Information

1. Required descriptions

Part 1, line 6 a

The hospital filed a community benefit report with the California Office of Statewide Health Planning and Development. It is available to the public through that organization and is available upon request from the Hospital.

Part 1, line 7

The cost /charge ratio, derived from Worksheet 2, was used to determine costs on line 7 column (f) and column (c).

Part II

The hospital makes its meeting rooms available at no charge to community organizations for their meetings and educational sessions.

Part III, line 4

Barlow Respiratory Hospital –Notes to audited Financial Statements for the years ended August 31, 2015 and 2014 - page 8, Note 2

Provision for doubtful accounts – The Hospital provides for an allowance against patient accounts receivable for amounts that could become uncollectible whereby such receivables are reduced to their estimated net realizable value. The Hospital estimates this allowance based on the aging of their accounts receivable, historical collection experience by payer, and other relevant factors. There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured, and under-insured patients, the increased burden of co-payments to be made by patients with insurance, and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the Hospital's estimation process. The Hospital's policy is to attempt to collect amounts due from patients, including co-payments and deductibles due from patients with insurance, at the time of service while complying with all federal and state laws and regulations.

Part III, line 8

The Medicare Cost Report cost finding methodology was used to determine the cost of services to Medicare covered patients. Approximately 70 % of the Medicare patients that receive care at the hospital are dually eligible for both Medicare and Medi-Cal so they are low income seniors that meet Medi-Cal eligibility criteria and would be have Medi-Cal coverage as their primary coverage if they were less than 65 years of age. So the excess cost over revenue for treating Medicare patients should be treated as a community benefit.

Part III, line 9b

"Collection activity by the Hospital will cease when the patient is declared eligible for charity care and will be suspended during the period that the patient is attempting to qualify under the Hospital's Financial Assistance Policy."

2. Needs assessment

Identification and Prioritization of Health Needs - Based on the results of the primary and secondary data collection, health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically California state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

The identified health needs included:

- Access to care
- Chronic disease conditions
- Homelessness
- Mental health
- Nutrition and physical activity
- Overweight and obesity
- Preventive practices (vaccines, screenings)
- Smoking

3. Patient education of eligibility for assistance

All potentially eligible patients are encouraged to apply for assistance through the State, County or other programs. The Hospital shall provide patients as a part of the Admission Packet with a clear and conspicuous written notice that shall contain information about the availability of financial assistance for eligible patients, as well as contact information for the Patient Financial Services Department (213.250.4200, Ext.3306), or the Social Services Department (213.250.4200, Ext.3142), from which the person may obtain further information about the Financial Assistance Policy. This written notice shall be provided in English and in any language that is spoken by more than 5% of the Hospital's patients and shall be posted in locations visible to the public, including:

- The main lobby at Barlow Main.

- The visitor waiting room at BRH@VPH.
- The hallway outside of the nursing station at BRH@PIH.

The Hospital's billing statements to a patient for amounts for which the patient is financially responsible will include a statement that financial assistance is available for uninsured patients and for patients with extenuating circumstances: as well as contact information for the Patient Financial Services Department counselor who can discuss the patient's potential eligibility and application for the Medicare, Medi-Cal, Healthy Families, California Children's Services Program as well as eligibility for the Hospital's financial assistance programs.

4. **Community information**

Service Area - Barlow Respiratory Hospital is located at 2000 Stadium Way, Los Angeles, California. The hospital is located in L.A. County Service Planning Area (SPA) 4. The hospital draws patients regionally from Southern California, with a primary service area of Los Angeles County. A review of hospital inpatient data, from 2011 to 2013, identified 92% of hospital patients originate from Los Angeles County.

Population - At the time of the 2010 Census, the population for Los Angeles County was 9,818,605. Children and youth, ages 0-17 make up 24.5% of the population; 10.8% are 18-24 years of age; 29.6%% are 25-44; 24.3% are 45-64; and 10.9% of the population are seniors, 65 years of age and older. L.A. County has slightly lower percentages of youth aged 0-17, and adults ages 45 and over, and a slightly higher rate of adults aged 18-44, than found in the State.

Population by Age

	Los Angeles County		California	
	Number	**Percent**	**Number**	**Percent**
Age 0-4	645,793	6.6%	2,531,333	6.8%
Age 5-17	1,756,415	17.9%	6,763,707	18.2%
Age 18-24	1,062,538	10.8%	3,922,951	10.5%
Age 25-44	2,906,057	29.6%	10,500,587	28.2%
Age 45-64	2,382,103	24.3%	9,288,864	24.9%
Age 65+	1,065,699	10.9%	4,246,514	11.4%
Total	9,818,605	100%	37,253,956	100%

Source: U.S. Census, 2010

Population by Age

	Ages 0-17	Ages 18-64	Ages 65+	Total Pop.	Median Age
Los Angeles County	24.5%	64.7%	10.9%	9,818,605	34.8
California	25.0%	63.7%	11.4%	37,253,956	35.2

Source: U.S. Census, 2010

Gender - Los Angeles County's population is 49.3% male and 50.7% female.

Population by Gender

	Los Angeles County	California
Male	49.3%	49.7%
Female	50.7%	50.3%

Source: U.S. Census, 2010

Race/Ethnicity - The population of Los Angeles County consists primarily of Latinos (47.7%). Whites make up another 27.8% of the population, Asian/Pacific Islanders comprise 13.5%, and African Americans are 8.3% of the population. Native Americans, those of mixed race, and all other races combined total only 2.7% of the population. The area has a notably larger percentage of Latinos and African Americans, a slightly higher percentage of Asians, and a smaller percentage of Whites, when compared to California.

Race/Ethnicity

	Los Angeles County		California	
	Number	Percent	Number	Percent
Hispanic or Latino	4,687,889	47.7%	14,013,719	37.7%
White	2,728,321	27.8%	14,956,253	40.2%
Asian	1,325,671	13.5%	4,775,070	12.8%
Black or African American	815,086	8.3%	2,163,804	5.8%
American Indian/AK Native	18,886	0.2%	162,250	0.4%
Native HI / Pacific Islander	22,464	0.2%	128,577	0.3%
Other or Multiple	220,288	2.3%	1,054,283	2.8%

Source: U.S. Census, 2010

Citizenship - 35.6% of residents of L.A. County are foreign born, and 19.4% of all residents are not citizens; these rates are higher than seen at the state level.

Foreign Born Residents and Citizenship

	Foreign Born	Not a U.S. Citizen
Los Angeles County	35.6%	19.4%
California	27.2%	14.8%

Source: American Community Survey, 2007-2011

Language - In Los Angeles County, 43.4% of residents speak only English in their home; this is fewer than the number of households speaking English at the state level (56.8%). Spanish is spoken in 39.4% of the homes, which is greater than the number speaking Spanish (28.6%) in the state. The county also has more individuals speaking Asian/Pacific Islander, Indo-European, and other languages at home, than does the state.

Language Spoken at Home, Population 5 Years and Older

	Los Angeles County	California
Speaks Only English	43.4%	56.8%
Speaks Spanish	39.4%	28.6%
Speaks Asian/PI Language	10.8%	9.5%
Speak Indo-European Language	5.4%	4.3%
Speaks Other Language	1.0%	0.9%

Source: American Community Survey, 2007-2011

5. **Promotion of community health**

The hospital is governed by a Board of Directors consisting of community based physicians and local business leaders and has an open medical staff with 225 members which provides input to hospital leadership through the Medical Executive Committee of the BRH Medical Staff. The Hospital works closely with the Barlow Research Center to publish and share best practices and outcome data regarding ventilator weaning patients at the Hospital with other providers.

6. **Affiliated healthcare system**

Not applicable.

7. **State filing of community benefit report**

The hospital files a Community Benefit Report to California

Schedule H, Part V, Section B, Line 14

The basis for calculating amounts charged to patients is medicare payment rates.

Barlow Community Health Needs Assessment and Benefit Plan

Barlow is a tax exempt hospital and required by state and federal law to conduct a Community Health Needs Assessment (Assessment) every three years. The Assessment is the primary tool used by the hospital to develop its Community Benefit Plan (Plan), which outlines how we help the community, beyond our primary services, to address unmet health needs.

Because Barlow is a regional referral center and receives patients from throughout Southern California, our area of community service is defined as the entirety of Los Angeles County.

The Assessment

We use statistical data and targeted interviews to gather information and opinions from people who represent the broad interests of the community served by the hospital. Interviewees included leaders and representatives of medically underserved, low-income, minority and chronic disease populations.

Based on the results of the data collection and interviews, the following 8 health needs were identified for the County:

- Access to Care
- Homelessness
- Nutrition and Physical Activity
- Preventive Practices
- Chronic Disease Conditions
- Mental Health
- Obesity
- Smoking Cessation

The Plan

Given our operational and clinical capabilities Barlow can't address all these needs. Instead, we will concentrate our efforts on those health needs that we can most effectively address including access to care, chronic disease conditions, and smoking cessation.

Access to Care

Barlow will continue efforts to bring its expertise in ventilator weaning, pulmonary rehabilitation, and treatment of the chronically critically ill to other communities by expanding its service delivery system. We will accomplish this by actively seeking opportunities to open to offer our specialized services in different care settings throughout Los Angeles County. In addition, Barlow has a financial assistance policy that supports access to long-term care for uninsured and underinsured patients who do not have the resources to pay for their care.

Chronic Disease Conditions

Barlow will offer support groups for those dealing with multiple chronic health conditions. Support groups are offered free of charge and are open to the community. With a focus on prevention of chronic diseases, we will offer community health fairs that include health education and preventive screenings.

Smoking Cessation

Barlow Hospital will develop collaborative partnerships with community organizations to prevent and treat a number of respiratory conditions. We will explore the development of programs that focus on smoking cessation as a strategy to prevent future respiratory diseases and other chronic conditions.

SCHEDULE J (Form 990)	Compensation Information	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*	2014 Open to Public Inspection

Name of the organization: Barlow Respiratory Hospital

Employer identification number: 95-1647809

Part I Questions Regarding Compensation

		Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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	1 b		
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 in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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 in 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?	4 a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5 a		X
b Any related organization?	5 b		X
If 'Yes' to line 5a or 5b, describe in Part III.			
6 For persons listed in 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?	6 a		X
b Any related organization?	6 b		X
If 'Yes' to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8 Were any amounts reported in 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' to 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 David Nelson, M.D. Medical Dir.	(i)	211,710.	0.	0.	0.	0.	211,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Margaret Crane CEO	(i)	262,769.	0.	0.	6,426.	14,600.	283,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Gladys D'Souza CNO	(i)	170,946.	0.	0.	5,250.	20,658.	196,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Alex Villarruz COO	(i)	172,396.	0.	0.	0.	15,091.	187,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Ed Engesser CFO	(i)	213,345.	0.	0.	6,437.	27,365.	247,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Kirk Watson VP, Business Development	(i)	206,755.	0.	0.	5,239.	378.	212,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Angelina Games RN	(i)	158,103.	0.	0.	3,520.	5,565.	167,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Alex Jawharjian Dir of Pharmacy	(i)	171,042.	0.	0.	5,156.	7,098.	183,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Suzanne Zolfo Rigdon Exe dir Foundation	(i)	186,798.	0.	0.	3,534.	16,511.	206,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Lionelle Limqueco RN	(i)	149,918.	0.	0.	4,736.	14,275.	168,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Marivic Sorongon RN	(i)	146,748.	0.	0.	0.	10,305.	157,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No. 1545-0047 2014 Open to Public Inspection

Name of the organization	Employer identification number
Barlow Respiratory Hospital	95-1647809

Form 990, Part VI, Line 11b - Form 990 Review Process

The Chief Financial Officer and the Finance Department staff will prepare and file the returns. When it is deemed appropriate, consultative support and /or review will be solicited from an external public accounting firm. Prior to filing, the return for each of the Barlow Organizations will be distributed to the Barlow Group Board of Directors for their review. The Chief Executive Officer performs a final review and approves the Annual Information Returns before filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A Code of Conduct has been developed and is reviewed and an affirmation statement is signed annually. In addition a "Conflict of interest Board of Directors" Policy is reviewed and a "Conflict of Interest Disclosure Questionnaire" is completed every two years.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Personnel/Compensation Committee (Committee) of the Board of Directors is charged with the responsibility of establishing and recommending changes to the compensation of the CEO,CFO and Medical Director.

The Committee utilizes the Hospital Association of Southern California's Health Executive Compensation Report to benchmark BRH compensation to the marketplace. Specifically the 'Single Facility Southern California Salary Range' amounts for minimum-midpoint-maximum compensation serve as the benchmarks for determining comparative marketplace compensation. The CEO and CFO are eligible to participate in the same paid time off and employee insurance benefits as all Hospital management level employees. The Medical Director and CEO have written contracts which document their compensation and benefits.

The committee reviews the experience level of the individual in each position, the individual accomplishments of officer, and the overall accomplishments of the

Name of the organization: Barlow Respiratory Hospital

Employer identification number: 95-1647809

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

hospital in recommending compensation and/or changes to compensation for these three positions.

The Committee's recommendations are then submitted to the full Board of Directors for discussion and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The audited financial statements, governing/organizing documents, and conflict of interest policy are all available upon request.

Form 990, Part VII - Compensation Explanation

David Nelson, M.D.

Dr.David Nelson received compensation was for his Medical Director Services and not for his services as a member of the board of directors.

Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances

Change in value of split-interest agreements	$ -636,392.
Total	$ -636,392.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: Barlow Respiratory Hospital
Employer identification number: 95-1647809

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)					
(2)					
(3)					

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) Sec 512(b)(13) controlled entity? Yes	No
(1) Barlow Foundation 2000 Stadium Way Los Angeles, CA 90026 95-4560787	Fundraising	CA	501c3	7	Barlow Group		X
(2) Barlow Group 2000 Stadium Way Los Angeles, CA 90026 95-3771980	Promote public health	CA	501c3	III-FI	N/A		X
(3) Barlow Research Center 2000 Stadium Way Los Angeles, CA 90026 95-4560786	Scientific & medical research	CA	501c3	4	Barlow Group		X
(4)							

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) Dispropor-tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Line	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		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)				
(2)				
(3)				
(4)				
(5)				
(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 section 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)													

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

Part VII - Supplemental Information

Schedule R, Part V, Line 2 (1)

Column (A) : No reportable transactions

Column (B) : l, o, r, s

Column (C) : 0

Balance Sheet - Investments
End of year amount
Morgan Stanley Money Market Funds

Morgan Stanley Money Market Funds	$	0.
Total	$	0.

Pol. Campaign & Lobbying Acts (Sch C)
Amount of above

Hospital Association of Southern California	$	6,061.
National Association of Long Term Hospitals		1,250.
Total	$	7,311.