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Form 990

Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	or the	e 2013 calendar year, or tax year beginning and en	ding						
В с	heck if pplicabl	C Name of organization MEDICAL STAFF OF ALTA BATES MEDICAL	-	D Employer ide	entification	on number			
F	_chang Name _chang			27	7-331	9849			
	Initial Ireturn		om/suite	E Telephone nu					
	Termir	2450 ASHBY AVE 11	L01	51	0-20	4-1417			
	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		<u>436,658.</u>			
L_	Application bendir	BERREDET, CA 94705		H(a) Is this a gro	-				
		F Name and address of principal officer:DR • MICHAEL USEM	1450	for subordi		Yes X No			
		ALTA BATES MEDICAL STAFF SERVICES DEPT, 2 empt status: 501(c)(3) X 501(c) (6)	527	H(b) Are all subordii		ed? Yes No (see instructions)			
		te: \triangleright N/A	321	H(c) Group exer					
		organization: ☐ Corporation ☐ Trust X Association ☐ Other ►	L Year o			ate of legal domicile: CA			
		Summary							
	1	Briefly describe the organization's mission or most significant activities. TO SEF	RVE A	S THE PRI	MARY	MEANS			
Governance		FOR ACCOUNTABILITY TO THE BOARD OF DIRECTO							
¥,	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its r	iet assets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	606			
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	606			
Activities &	l .	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5				
Ę		Total number of volunteers (estimate if necessary)			6				
Ac	ı	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
	ь	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	7b	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		287,29	8.	436,658.			
Revenue	1	Program service revenue (Part VIII, line 2g)	-	20,722	0.	0.			
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	0.				
ď	ì	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.			
	1	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		287,29	8.	436,658.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,00)0.	20,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_		0.	<u> </u>			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		282,96		388,083.			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	、 ├─		0.	0.			
Ϋ́	I		<u>).</u>	25 41	,,	22 572			
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,42 330,38		22,572. 430,655.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract line 18 from line 12		<43.08		6,003.			
Sec	13	Revenue less expenses Subtract line 18 from line 12	Red	ginning of Current		End of Year			
SSETS OF Balances	20		701	139,81		145,820.			
200	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) MAY 0 2 2014	ISI	68,74		68,744.			
	22	Net assets or fund balances Subtract line 21 from line 20	19	71,0	73.	77,076.			
	art II	Signature Block	<u>1∝i</u>						
		alties of perjury, I declare that I have examined this return, including accompanying schedules at				owledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	-preparer	has any knowledge	· - 1 - 7				
		Signature of officer		Date P	25/14				
Sig				Date					
Hei	re	DR. MICHAEL USEM, PRESIDENT Type or print name and title							
		Print/Type preparer's name Preparer's signature	10	Date Ch	eck	PTIN			
Pai	d	SHIRLEY CHEN-BLUM	$\overline{}$	4/11/4 set	f-employed	P00835113			
	Parer		BOTT			6-3789391			
	Only	Firm's address 101 LARKSPUR LANDING CIR, STE 200			<u>-</u>				
LARKSPUR, CA 94939-1750 Phone no.415-925-1120									
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		917	1/	X Yes No			
3320	001 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.	712.	-1 17	Form 990 (2013)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

MEDICAL STAFF OF ALTA BATES MEDICAL

	rt III Statement of Program Service Accomplishments	.9849 Page 2
ral		X
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: A. TO SERVE AS THE PRIMARY MEANS FOR ACCOUNTABILITY TO THE BOA	DD OE
	DIRECTORS FOR THE APPROPRIATENESS OF THE PROFESSIONAL PERFORMA	
	ETHICAL CONDUCT OF ITS MEMBERS AND TO STRIVE TOWARD THE CONTIN	
	UPGRADING OF THE QUALITY OF PATIENT CARE DELIVERED IN THE HOSE	TTAL
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	——————————————————————————————————————
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$410,054. Including grants of \$20,000.) (Revenue \$	<u>436,057.</u>)
	APPLICATION FEES AND MEMBERSHIP DUES, STIPENDS TO DOCTORS FOR	THEIR
	SERVICES RENDERED.	
		·
		
		
4b	(Code) (Expenses \$) (Revenue \$))
		. <u></u>
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
		
		<u> </u>
		 -
	Other program converse /Decembe in School its Co.	
4d		•
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 410,054.	
33200 10-29		Form 990 (2013)

Form 990 (2013) CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an onice, employees, or agents outside or the original organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		_41
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
			990	(0040)

Form 990 (2013) CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	l		Ì
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì		
	Schedule J	23		_ X _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	The state of the s	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	to the state of th			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		\mathbf{x}_{-}
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	_	(2013)
				•

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 41	Check if Schedule O contains a response or note to any line in this Part V				$\overline{}$
1s Enter the number reported in Box 3 of Form 1086. Enter 0 if not applicable be Enter the number of Forms Was (all included in the in Enter 4- of ind applicable) could the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without power with sex and the sex of th					Voc	No.
b Enter the number of Forms W2G included in line 1a Enter 0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter .0- if not applicable	12 32		163	140
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 23, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated bisuness gross income of \$1,000 or more duming the year? 3a At any time duming the cellendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; 5a Was the organization a party to a prohibited tax shelter transaction at any time duming the law year? 5b If 1'Yea, 'to line 5a or 5b, did the organization have and it was or is a party to a prohibited ax shelter transaction at any contributions of thing requirements for Form 10 F 90.22.1, Report of Foreign Bank and Financial Accounts, 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If 'Yes,' to line 5a or 5b, did the organization file form 8898 at the end of the organization solicities and expresses statement that such contributions or gifts were not tax deductible? 5c organization and party to a prohibited tax shelter transaction at any contributions or gifts were not tax deductible as charitable contributions under section 170(c). a Did the organization soli, exchange, or otherwise dispose of tangible personal property for which it was required to the form 6222? 7 organizations that may receive deductible contributions under section 170(c). 8 Spoasering organization excee		• • • • • • • • • • • • • • • • • • • •				
distributing winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calandar year ending with or within the year covered by this return 5 h if at least one is reported on line 2s, did the organization file all required federal employment tax returns? 5 Note. If the sum of lines 1s and 2 a signature for the 25 you may be required to e-file (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more dump the year? 5 a Was in If was, 'has a file of Form 990Th for the year 1' "No,' to line 2b, provide an explanation in Schedule O were, a financial accountly or the same abank accounts, provide an explanation in Schedule O were, a financial account in a foreign country (such as a bank accounts, provide an explanation in Schedule O were, a financial account in a foreign country (such as a bank accounts, securities account, or other financial account)? 5a Was the organization had the organization from 15 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5a Was the organization and it was or is a party to a prohibited as shelter transaction? 5b Life Yes, "to line Sair 95b, did the organization file Form 888617? 6a Does the organization in clude with every solicitation an express statement that such contributions or grits were not tax deductable as charitable contributions? 6b Life Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductable as charitable contributions under section 170(s). 6c Did the organization state may receive deductable on the value of the goods or services provided 7 7b Life Form 8899 as required to life form 8899 as required to life form 8892 as required? 6d If Yes, "dict the organization neceive a spirited in explanation fi		•••				
2a Eiter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1c	Х	1
held for the calendar year ending with or within the year covered by this return Secondary	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more duming the year? If "Yes," has it filed a Form 990-1 for this year? If "No," to fine 30, provide an explanation in Schedule 0 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a form occurring the same of the foreign country. ► If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. A Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? So Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5s or 5b, did the organization file Form 8886-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? The yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? To organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization receive a payment in excess of \$5's made party as a contribution and party for goods and services provided to the payor? To granizations that may receive deductible contributions under section 170(c). By If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive a payment in excess of \$5's made party as a contribution of organization sell, exchange, or otherwise dispose of tangible preparation provided? To the organization sell, exchange, or otherwise dispose of tangible preparation from the payor that the organization file form 8282? To the organization sell, exchange, or otherwise dispose of the populat			2a 0			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if fied a Form 990-T for this year? If "No," to fine 85, provide an explanation in Schedule 0 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Be instructions for fining requirements for Form TD F 50/22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the fermities of the form 8282? 7d If "Yes," indicate the number of forms 8282 filed during the year 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the fermities of the fermities of the goods or services provided? 1 If "Yes," indicate the number of forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 9 Sponsoring organization materialing dorn advised funds. 1 Did the organization make any taxabl	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if fied a Form 990-T for this year? If "No," to fine 85, provide an explanation in Schedule 0 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Be instructions for fining requirements for Form TD F 50/22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the fermities of the form 8282? 7d If "Yes," indicate the number of forms 8282 filed during the year 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the fermities of the fermities of the goods or services provided? 1 If "Yes," indicate the number of forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 9 Sponsoring organization materialing dorn advised funds. 1 Did the organization make any taxabl		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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		100, 1123 it 1100 a 1 Omi 120 to report these payments: II 110, provide an explanation in Schedu.			990	(2013)

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<u> Page **6**</u>

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

	Check if Schedule O contains a response or note to any line in this Part VI						<u>LX</u>
Sec	tion A. Governing Body and Management						т
			1			<u>Yes</u>	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	ļ <u>-</u>	606			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		}				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	606			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			ļ	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			1	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		-	_5		X
6	Did the organization have members or stockholders?			-	6	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	ĺ			
	more members of the governing body?			-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			-	7b	.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ie following:	ı			
а	The governing body?			ļ	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			F	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the		_		.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0.4.1		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)				
40	D. I. I			ſ	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	hanta.	o offiliates	}	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	naptei	s, aiiiiates,		40h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo	tu bofe	re filing the fo	rm2	10b 11a	Х	
_		y Deic	ire iiiiig tire io	''''	ı ıa		
40a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	a to cor	iflicte2		12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "\			-	120		
С	In Schedule O how this was done	63, u	escribe		12c	х	
13	Did the organization have a written whistleblower policy?			ŀ	13	X	
14	Did the organization have a written document retention and destruction policy?			ŀ	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al hv ii	ndenendent	Ì			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		acpendent				
	The organization's CEO, Executive Director, or top management official				15a		х
	Other officers or key employees of the organization			f	15b		X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			İ			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?				16a		_X_
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	ate its	articipation	İ			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements and taxes are safeguard to safeguard the organical statements.						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	_					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s	only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		. /, /-	-,			
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		· ·	icy, and	l finan	icial	
	statements available to the public during the tax year		•	-			
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the or	ganızat	on. 🕨	• _	
	<u>LEANNA HUDSON - 510-204-1417</u>						
	ALTA BATES SUMMIT MEDICAL CENTER, 2450 ASHBY AVE.	#1	101, BE	RKE			
33200	8 10-29-13				Form	990	(2013)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. MICHAEL USEM	5.00									_
PRESIDENT			L	X		1		85,000.	0.	0
(2) DR. EILEEN CONSORTI VICE PRESIDENT	1.00			x				16,250.	0.	0
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Form 990 (2013)

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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	ane	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do box		(C Pos heck ss pe	C) ition more rson	l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(3)	froi orgai and	ensation in the nization related izations
						_					_		
													
											_		
						-							
						i							
	Sub-total				l	· · ·			101,250.		0.		0
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	101,250.		0.		0
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	no re		,000 of reportable			(
	Did the organization list any former officer,		uste	e, ke	y er	nplo	yee,	, or l	highest compensated e	mployee on	[es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab		•					•	the organization	}	3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	unr			dual for services		4	X
	rendered to the organization? If "Yes," continuous ion B. Independent Contractors	ipiete Scriedui	e J 1	Or St	ucn	pers	OII					5	
	Complete this table for your five highest co the organization. Report compensation for										ensa	ation fro	m
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C	(C) ompens	ation
								_					 -
					_					-			
								-					
	Total number of independent contractors (ot li	mite	d to		_	sted	l above) who received m	nore than			
	\$100,000 of compensation from the organ	zation >				()					Form 9 9	90 (2013

27-3319849

CENTER

Check if Schedule O contains a response or note to any ince in the Part VIII (A) (B) (C) (D) (D) (A) (A) (B) (D) (D) (D) (D) (D) (D) (D	Par	t VII			or note to any lin	o in this Bort VIII			
Business Code 2 a			Check if Schedule O Cont	ams a response	or note to any iii	(A)	Related or exempt function	Unrelated business	I from tax under
Business Code 2 a	ats ts	1 a	Federated campaigns	1a					
Business Code 2 a	الايا	b	Membership dues	1b	351,658.				ļ
Business Code 2 a	S,E	С	Fundraising events	1c	_				
Business Code 2 a	E E	d	Related organizations	1d					
Business Code 2 a	S, C		·	ions) 1e					
Business Code 2 a	Sign	f	All other contributions, gifts, gran	its, and					
Business Code 2 a	돌			· I I	85,000.				
Business Code 2 a	ËÒ	a	Noncash contributions included in lines	1a-1f \$	•				
Business Code 2 a	a S	_				436,658.			
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Form 990 (2013) CENTER
Part IX Statement of Functional Expenses

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon		this Part IX	100					
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	20,000.							
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22		· · · · · · · · · · · · · · · · · · ·						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	101,250.							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	286,833.							
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)		· · · · · · · · · · · · · · · · · · ·						
9	Other employee benefits	·	· · · · · · · · · · · · · · · · · · ·						
10	Payroll taxes								
11	Fees for services (non-employees)								
a	Management			· · · · · · · · · · · · · · · · · · ·					
b	Legal	3,100.	· - ·						
C	Accounting Lobbying	3,100.							
d	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A) amount, list line 11g expenses on Sch O.)	1,125.							
12	Advertising and promotion								
13	Office expenses	194.							
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,422.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Other expanses Itemize expanses not sovered								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	POLITICAL DONATION	5,000.							
b	CDDDDNIETAT THE DRADINGER	4,434.							
С	BUSINESS GIFTS	3,750.							
d	MISCELLANEOUS EXPENSES	982.							
е	All other expenses	1,565.							
25	Total functional expenses. Add lines 1 through 24e	430,655.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				- 000				

Form 990 (2013)
Part X Balance Sheet CENTER

Paı	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	139,591.	1	145,820.
i	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	226.	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less. accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11	122 245	15	1.45 0.00
	16	Total assets, Add lines 1 through 15 (must equal line 34)	139,817.	16	145,820.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
E		key employees, highest compensated employees, and disqualified persons.			
L:a		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	68,744.	25	68,744.
	26	Total liabilities. Add lines 17 through 25	68,744.		68,744.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		-	
Ø		complete lines 27 through 29, and lines 33 and 34.	-		
ည	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
현		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
¥Α	32	Retained earnings, endowment, accumulated income, or other funds	71,073.	+	77,076.
ž	33	Total net assets or fund balances	71,073.		77,076.
	34	Total liabilities and net assets/fund balances	139,817.	34	145,820.
		<u> </u>			Form 990 (2013)

Form **990** (2013)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

f the organization answered	J "Yes," to Form 990,	Part IV, line 3, or For	m 990-EZ, Part V, lin	ne 46 (Political C	ampaign Activities), then
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- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

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

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

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

•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.	.,	,,	
		STAFF OF ALTA I	BATES MEDICA	L Empl	oyer identification number
	CENTER				27-3319849
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c	or is a section 527 o	rganization.
1	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Ps	art I-B Complete if the ord	janization is exempt und	der section 501(c	1(3)	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax	, ,		5 > \$	
	If the organization incurred a section				Yes No
	a Was a correction made?		,		Yes No
t	o If "Yes," describe in Part IV.				· —
Pa	art I-C Complete if the org	janization is exempt un	der section 501(c), except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities >\$	
	Enter the amount of the filing organ				
	exempt function activities			▶ \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5		•		_	
	made payments For each organiza				
	contributions received that were pr				ite segregated fund or a
	political action committee (PAC) If	additional space is needed, pro			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0	promptly and directly
				Tanas in insins, sinsi	delivered to a separate
			j		political organization If none, enter -0
					in none, enter o .
	·				
_					
	-				
			_		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13 MEDICAL STAFF OF ALTA BATES MEDICAL

Schedule C (Form 990 or 990-EZ) 2013 C	ENTER	}		- 504(-)(0) and file	27-3	3319849 Page 2
Part II-A Complete if the orga			npt under sectio	n 501(c)(3) and file	9a Form 5/08	
(election under secti		`		5		
	_			Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share						
		ed box A an ying Exper	d "limited control" pro	visions apply.	(a) Filing organization's	(b) Affiliated group totals
			nts paid or incurred.)	1	totals	totais
1a Total lobbying expenditures to influe	nce publ	c opinion (grass roots lobbying)			
b Total lobbying expenditures to influe	nce a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and	1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures	(add lines	s 1c and 1d)			
f Lobbying nontaxable amount. Enter	the amou	unt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					
Over \$1,000,000 but not over \$1,500	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17,00	00,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (ente	er 25% of	line 1f)		ļ		
h Subtract line 1g from line 1a. If zero	or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero of	or less, er	nter -0-				
j If there is an amount other than zero	on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?					Yes No
			eraging Period Under			
				n do not have to comp		
colu				es 2a through 2f on pa	ge 4.)	
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount	-					
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))		 				
f Grassroots lobbying expenditures	_					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 CENTER 27-3319849 Page 3

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

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, serminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines to through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax of the form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization area to carry over lobbying expenditures of \$2,000 or less? 3 Did the organization area to carry over lobbying expenditures from the prior year? 1 Dies, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess dees the organization agree to carryover to the reasonable estimate o	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).		ount
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Duse, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 4 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other origanizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5	3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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	Part IV Supplemental Information	expenditure next year?		0.
				<u>,000.</u>
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1				, line 1
	Also, complete this part for any additional information.	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 2, and		, line 1
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Inspection

CENTER

MEDICAL STAFF OF ALTA BATES MEDICAL

Employer identification number 27-3319849

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	,	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	<u>₹</u>	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	,,,	Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	······································	
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements i		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.	7.4.1.1.1.1.1.T	Other Circilland Assets
Pa	t III Organizations Maintaining Collections o		Otner Similar Assets.
	Complete if the organization answered "Yes" to Form	****	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		~ ^
	(i) Revenues included in Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	.
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	-	> \$

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Schedule D (Form 990) 2013

MEDICAL STAFF OF ALTA BATES MEDICAL

	dule D (Form 990) 2013 CENTER							<u> 19849</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Historical	reasures, o	r Other	r Sımılaı	r Asse	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that	are a sig	ınıfıcant us	e of its	collection	ıtems
	(check all that apply).								
а	Public exhibition	c	Loan or e	kchange progra	ms				
b	Scholarly research	€	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how they furthe	the organizatio	n's exem	pt purpos	e in Parl	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arran				Yes" to F	orm 990, F	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	-	•			,			
1a	Is the organization an agent, trustee, custod		diary for contributi	ons or other ass	sets not ii	ncluded			
	on Form 990, Part X?		andry for commodis	00 0. 00. 400		10.000		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Nowing table:					_ 163	
U	11 165, explain the allangement in Fait Alli	and complete the ic	mowning table.					Amount	
_	Doggana halanaa					4-		Amount	
	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance							7	
2a	Did the organization include an amount on F							Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete	f the organization ar	T					_	
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance						_	_	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs						_		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a. column	(a)) held as:					
- а	Board designated or quasi-endowment		%	(-),					
b	Permanent endowment	%							
	Temporarily restricted endowment								
·	The percentages in lines 2a, 2b, and 2c show								
20	Are there endowment funds not in the posse		ration that are held	and administer	rad for th	e organiza	tion		
Sa	•	ession of the organiz	ation that are neic	and administer	eu ioi iii	e organiza		Γ.	Yes No
	by.								Tes NO
	(i) unrelated organizations							3a(i)	
	(ii) related organizations		0.11.100					3a(ii)	-
_	If "Yes" to 3a(ii), are the related organization							_3b	
4 D-	Describe in Part XIII the intended uses of the		owment tunas.						
Pai	t VI Land, Buildings, and Equipn					4.0			
	Complete if the organization answere								
	Description of property	(a) Cost or obasis (invest	1 , ,	st or other is (other)		cumulated reciation		(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other							_	
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Par	t X. column (B). line	≥ 10(c))					0.
			, <u>,,, (-), </u>	-1-//					

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 68,744.

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

Schedule D (Form 990) 2013

(3) (4) (5) (6) (7) (8) (9)

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. MEDICAL STAFF OF ALTA BATES MEDICAL General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE** (Form 990)

2013

Open to Public Inspection

% |X Employer identification number 27-3319849 MEDICAL STAFF EDUCATION (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any FUND Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 20,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 170(C) Enter total number of other organizations listed in the line 1 table 51-0160184 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2855 TELEGRAPH AVENUE, SUITE 601 ALTA BATES SUMMIT FOUNDATION or government BERKELEY, CA 94705 PartII Partl

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Schedule I (Form 990) (2013)

Page 2

27-3319849 Schedule I (Form 990) (2013) CENTER

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed. CENTER

(f) Description of non-cash assistance							
(e) Method of valuation (book, FMV, appraisal, other)			in Part I, line 2, Part III, column (b), and any other additional information.				
(d) Amount of non- cash assistance			(b), and any other a				
(c) Amount of cash grant			ie 2, Part III, column				
(b) Number of recipients			equired in Part I, lin				
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required				

332102 10-29-13

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. MEDICAL STAFF OF ALTA BATES MEDICAL CENTER

Employer identification number 27-3319849

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF THE PROFESSIONAL PERFORMANCE AND ETHICAL CONDUCT OF ITS MEMBERS AND
TO STRIVE TOWARD THE CONTINUAL UPGRADING OF THE QUALITY OF PATIENT CARE
DELIVERED IN THE HOSPITAL CONSISTENT WITH THE RECOGNIZED STANDARD OF
PROFESSIONAL CARE AND RESOURCES AVAILABLE LOCALLY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSISTENT WITH THE RECOGNIZED STANDARD OF PROFESSIONAL CARE AND
RESOURCES AVAILABLE LOCALLY.
B. TO BE THE FORMAL ORGANIZATIONAL STRUCTURE THROUGH WHICH THE BENEFITS
OF MEMBERSHIP IN THE MEDICAL STAFF MAY BE OBTAINED BY INDIVIDUAL
PRACTITIONERS AND THE OBLIGATIONS OF STAFF MEMBERSHIP ARE FULFILLED;
C. TO PROVIDE AN ORGANIZATIONAL STRUCTURE THAT ALLOWS ONGOING REVIEW OF
PATIENT CARE PRACTICES AND ACCOUNTS FOR THE QUALITY AND APPROPRIATENESS
OF SERVICES RENDERED BY ALL MEDICAL STAFF MEMBERS;
D. TO PROVIDE THE MEANS THROUGH WHICH THE MEDICAL STAFF MAY PARTICIPATE
IN THE HOSPITAL'S POLICY-MAKING AND PLANNING PROCESSES.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE MEDICAL STAFF'S ACTIVITIES ARE ACCOMPLISHED BY ITS
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM
IS THEN REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE. THE EXECUTIVE
COMMITTEE MEMBERS DISCUSS THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization MEDICAL STAFF OF ALTA BATES MEDICAL **Employer identification number** 27-3319849 CENTER PROFESSIONAL IF NECESSARY. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY ON THEIR REQUEST. THE PRESIDENT SIGNS AND MAILS THE RETURN TO THE DEPARTMENT OF THE TREASURY. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: EACH MEDICAL STAFF MEMBER IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST AND RELATED PARTY AFFILIATIONS. IF A MEMBER IS DETERMINED TO HAVE A CONFLICT OF INTEREST RELEVANT TO A SUBJECT OF DISCUSSION, HE OR SHE MAY NOT BE PRESENT FOR THE VOTE OR ACTUALLY VOTE. IF A MEMBER FAILS TO DISCLOSE A CONFLICT OF INTEREST, OR TO VOLUNTARILY RECUSE HIMSELF OR HERSELF FROM VOTING ON AN ISSUE, AND A MAJORITY OF VOTING MEMBERS OF THE COMMITTEE OR DEPARTMENT MEETING VOTE THAT THE MEMBER SHOULD BE EXCUSED FROM VOTING DUE TO A CONFLICT OR CONFLICTS OF INTEREST, THE CHAIR SHALL EXCUSE THE MEMBER FROM THE MEETING. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: ALL MEMBERS HAVE ACCESS TO THE ELECTRONIC COPY OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. FINANCIAL STATEMENTS ARE AVAILABLE AT THE ANNUAL MEETING AND ARE ALSO HELD AVAILABLE FOR INSPECTION BY ITS MEMBERS UPON REQUEST. MEMBERSHIP IS OPEN TO MEDICAL PROFESSIONALS WHO MEET THE ELIGIBILITY REQUIREMENTS.