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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SUTTER WEST BAY HOSPITALS

% CHRIS BOUDREAUX

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 7999

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94120

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 1,733,808,051

F Name and address of principal officer
MICHAEL COHILL
PO BOX 7999
SAN FRANCISCO, CA 94120

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SUTTERHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1854

M State of legal domicile CA

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	8,367
6	Total number of volunteers (estimate if necessary)	**6**	1,201
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,281,563
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	231,093

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	29,978,182	28,064,707
9	Program service revenue (Part VIII, line 2g)	1,507,113,696	1,600,426,315
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,113,121	52,698,040
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,897,333	11,199,354
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,559,102,332	1,692,388,416
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,750,207	2,421,600
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	799,647,156	804,731,578
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶542,316		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	806,028,142	735,032,629
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,607,425,505	1,542,185,807
19	Revenue less expenses Subtract line 18 from line 12	-48,323,173	150,202,609
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,783,161,518	2,108,117,533
21	Total liabilities (Part X, line 26)	665,509,264	652,154,419
22	Net assets or fund balances Subtract line 21 from line 20	1,117,652,254	1,455,963,114

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-10-28

John Gates CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBRA HEISKALA	DEBRA HEISKALA			P00649485

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 4370 LA JOLLA VILLAGE DR STE 500
SAN DIEGO, CA 92122

Phone no (858) 535-7200

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,385,158,425 including grants of $ 2,421,600) (Revenue $ 1,600,427,707)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,385,158,425

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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 "Yes," complete Schedule L, Part II*	**26**		No
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 of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,068		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,367		
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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	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**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ CHRIS BOUDREAUX
9100 FOOTHILLS BOULVARD
ROSEVILLE, CA 95747 (916) 297-8007

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, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	21,712	14,589,490	4,725,658

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,352

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL SOLUTIONS LLC, 1010 NO 102ND ST STE 300 OMAHA, NE 68114	STAFFING SERVICES	9,578,405
HERRERO BUILDERS INC, 2100 OAKDALE AVE SAN FRANCISCO, CA 94124	CONSTRUCTION	8,449,981
PACIFIC INPATIENT MEDICAL GROUP IN, PO BOX 1230 SUISUN CITY, CA 945851230	MEDICAL SERVICES	7,812,402
TOWERS WATSON DELAWARE INC, LOCKBOX 28025 NETWORK PL CHICAGO, IL 606731280	CONSULTING SERVICES	4,990,662
DPR CONSTRUCTION INC, 945 FRONT ST SAN FRANCISCO, CA 94111	CONSTRUCTION	4,219,491

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 138

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	378,487			
	d	Related organizations	1d	10,078,498			
	e	Government grants (contributions)	1e	14,757,873			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,849,849			
	g	Noncash contributions included in lines 1a-1f $		23,238			
	h	**Total.** Add lines 1a-1f			28,064,707		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	622110	1,583,798,152	1,583,798,152		
	b	CA PACIFIC ADVANCED IMAGING	621512	1,799,132	1,799,132		
	c	SAN FRAN ENDOSCOPY CENTER	621498	4,782,579	4,782,579		
	d	PRESIDIO SURGERY CENTER LLC	621493	6,350,693	6,350,693		
	e	RENTAL TO AFFILIATES	900099	3,693,728	3,693,728		
	f	All other program service revenue		2,031	3,423	-1,392	
	g	**Total.** Add lines 2a–2f		1,600,426,315			
	3	Investment income (including dividends, interest, and other similar amounts)		30,367,752		5,575	30,362,177
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		13,397			13,397
			(i) Real / (ii) Personal				
	6a	Gross rents	13,880,295 /				
	b	Less rental expenses	8,536,244 /				
	c	Rental income or (loss)	5,344,051 / 0				
	d	Net rental income or (loss)		5,344,051		170	5,343,881
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	52,147,271 / 2,983,848				
	b	Less cost or other basis and sales expenses	32,029,218 / 771,613				
	c	Gain or (loss)	20,118,053 / 2,212,235				
	d	Net gain or (loss)		22,330,288			22,330,288
Other Revenue	8a	Gross income from fundraising events (not including $ 378,487 of contributions reported on line 1c) See Part IV, line 18	a 78,932				
	b	Less direct expenses	b 82,560				
	c	Net income or (loss) from fundraising events		-3,628			-3,628
	9a	Gross income from gaming activities See Part IV, line 19	a 16,170				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		16,170			16,170
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	UBI - LABORATORY	621500	78,890		78,890	
	b	UBI - PARKING	812930	2,193,912		2,193,912	
	c	CAFETERIA	900099	3,537,178			3,537,178
	d	All other revenue		19,384		4,408	14,976
	e	**Total.** Add lines 11a–11d		5,829,364			
	12	**Total revenue.** See Instructions		1,692,388,416	1,600,427,707	2,281,563	61,614,439

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,421,600	2,421,600		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,564,627		6,564,627	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	317,307	317,307		
7 Other salaries and wages	509,450,372	490,198,384	19,251,988	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,526,496	47,197,522	8,328,974	
9 Other employee benefits	189,337,640	160,936,994	28,400,646	
10 Payroll taxes	43,535,136	37,004,866	6,530,270	
11 Fees for services (non-employees)				
a Management	5,381,169		5,381,169	
b Legal	2,812,444	2,006,232	806,212	
c Accounting	105,263	39,866	65,397	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	782,488		782,488	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,178,064	83,073,459	104,605	
12 Advertising and promotion	1,860,714	99,458	1,761,256	
13 Office expenses	9,984,336	6,845,641	3,111,472	27,223
14 Information technology	54,576,397	54,290,458	285,939	
15 Royalties	0			
16 Occupancy	24,012,562	24,012,562		
17 Travel	1,338,819	1,071,055	264,972	2,792
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,061,273	554,071	504,684	2,518
20 Interest	12,050,182	12,050,182		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	84,293,960	84,154,652	139,308	
23 Insurance	11,072,887	8,298,876	2,774,011	
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 O)				
a FEDERAL TAXES	89,395	89,395		
b PURCHASED SERVICES	173,667,398	145,882,231	27,785,167	
c HOSPITAL FEE	43,806,526	43,806,526		
d MEDICAL SUPPLIES	162,039,850	143,821,569	18,218,281	
e All other expenses	62,918,902	36,985,519	25,423,600	509,783
25 **Total functional expenses.** Add lines 1 through 24e	1,542,185,807	1,385,158,425	156,485,066	542,316
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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		30,845,261	2	36,811,219
	3	Pledges and grants receivable, net		2,185,188	3	1,554,186
	4	Accounts receivable, net		219,029,254	4	201,763,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		16,667,720	8	16,301,522
	9	Prepaid expenses and deferred charges		4,476,583	9	6,908,917
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,412,031,057			
	b	Less accumulated depreciation	10b 892,307,045	1,256,444,104	10c	1,519,724,012
	11	Investments—publicly traded securities		172,566,815	11	158,166,871
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		7,435,368	13	6,653,003
	14	Intangible assets		2,980,359	14	2,980,359
	15	Other assets See Part IV, line 11		70,530,866	15	157,254,444
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,783,161,518	16	2,108,117,533
Liabilities	17	Accounts payable and accrued expenses		235,061,681	17	231,758,367
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		420,048,236	20	413,127,670
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		10,399,347	25	7,268,382
	26	**Total liabilities.** Add lines 17 through 25		665,509,264	26	652,154,419
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,092,627,539	27	1,435,939,933
	28	Temporarily restricted net assets		25,024,715	28	20,023,181
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,117,652,254	33	1,455,963,114
	34	Total liabilities and net assets/fund balances		1,783,161,518	34	2,108,117,533

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,692,388,416
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,542,185,807
3	Revenue less expenses Subtract line 2 from line 1	3	150,202,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,117,652,254
5	Net unrealized gains (losses) on investments	5	-24,187,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	212,295,412
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,455,963,114

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM L BRUNETTI TRUSTEE	1 0 1 0	X						0	0	0
(1) MICHAEL COHILL REGIONAL PRESIDENT, WEST BAY	40 0 4 0	X		X				0	1,891,770	292,596
(2) SUSAN DAY MD TRUSTEE	1 0 0 0	X						0	0	0
(3) THEODORE DEIKEL TRUSTEE/CHAIR OF FINANCE	1 0 1 0	X		X				0	0	0
(4) THOMAS J DIETZ PHD TRUSTEE	1 0 1 0	X						0	0	0
(5) ROY EISENHARDT TRUSTEE	1 0 0 0	X						0	0	0
(6) KATHERINE T HSAIO MD TRUSTEE/CHIEF GYN DIV	1 0 0 0	X						21,712	0	0
(7) PETER JACOBI TRUSTEE	1 0 7 0	X						0	27,500	0
(8) FREDERICK JOHNSON MD TRUSTEE	1 0 0 0	X						0	0	0
(9) SARAH KREVANS COO, SUTTER HEALTH	1 0 40 0	X						0	1,762,486	424,237
(10) STEVEN E LEVENBERG DO TRUSTEE	1 0 1 0	X						0	0	0
(11) THOMAS E LINCOLN TRUSTEE	1 0 1 0	X						0	0	0
(12) ALASTAIR A MACTAGGART TRUSTEE	1 0 1 0	X						0	0	0
(13) TIMOTHY MURPHY MD TRUSTEE	1 0 0 0	X						0	0	0
(14) DENNIS J O'CONNELL TRUSTEE	1 0 1 0	X						0	0	0
(15) STEVEN H OLIVER TRUSTEE	1 0 1 0	X						0	0	0
(16) ROBERT A ROSENFELD TRUSTEE, VICE CHAIR	1 0 1 0	X		X				0	0	0
(17) LEO C H SOONG TRUSTEE	1 0 1 0	X						0	0	0
(18) MICHAEL N VALAN MD TRUSTEE	1 0 1 0	X						0	0	0
(19) ANTHONY G WAGNER TRUSTEE, CHAIR	1 0 1 0	X		X				0	0	0
(20) RICHARD C WATTS TRUSTEE	1 0 9 0	X						0	0	0
(21) DEBORAH D WYATT MD TRUSTEE	1 0 1 0	X						0	0	0
(22) MICHAEL DUNCHEON VP, REG COUNSEL, WEST BAY	40 0 0 0			X				0	621,974	87,193
(23) JOHN GATES REG CFO & VP FINANCE, EB & WB	40 0 0 0			X				0	1,058,493	146,579
(24) WARREN BROWNER MD CEO, SAN FRANCISCO HOSPITALS	40 0 0 0				X			0	964,514	367,972

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GRANT DAVIES EXECUTIVE VP, WEST BAY	40.0 0.0				X			0	952,315	181,221
(1) ANN BARR REGIONAL CIO, WEST BAY	40.0 0.0					X		0	498,372	83,239
(2) MARK KIMBELL CPMC FOUNDATION DIRECTOR	40.0 0.0					X		0	536,335	40,527
(3) HON-WAI LAM REGIONAL VP & CMO, WEST BAY	40.0 0.0					X		0	598,635	99,376
(4) MICHAEL PURVIS CAO, SMCSR	40.0 0.0					X		0	544,864	99,585
(5) CHRISTOPHER WILLRICH REG VP, STRATEGY WEST BAY	40.0 0.0					X		0	513,020	83,784
(6) MARTIN BROTMAN MD SVP, SH	0.0 40.0						X	0	992,845	91,019
(7) PATRICK FRY PRESIDENT & CEO, SH	0.0 40.0						X	0	3,626,367	2,728,330

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308016185

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,452,707		165,452,707
b Buildings		1,041,724,095	526,520,559	515,203,536
c Leasehold improvements		31,554,238	26,206,553	5,347,685
d Equipment		532,098,319	331,995,878	200,102,441
e Other		641,201,698	7,584,055	633,617,643
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,519,724,012

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) UNAMORTIZED FINANCING COSTS	1,883,709
(2) INTERCOMPANY RECEIVABLES	36,061,768
(3) OTHER RECEIVABLES	85,482,993
(4) OTHER ASSETS	33,825,974
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	157,254,444

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
INSURANCE LIABILITIES	5,242,507
OTHER LIABILITIES	1,906,076
3RD PARTY SETTLEMENTS	119,799
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,268,382

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 (FIN48) FOOTNOTE FROM AUDIT THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS SUTTER HEALTH, THE LEGAL ENTITY, AND MOST AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE, (PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3)), AND THE CALIFORNIA FRANCHISE TAX BOARD (PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE 23701(D)) AND, GENERALLY, ARE NOT SUBJECT TO TAXES ON INCOME CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES AT DECEMBER 31, 2014 AND 2013, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CATWALK (event type)	(b) Event #2 GATSBY GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	218,174	163,170	76,075	457,419
	2 Less Contributions	190,774	137,069	50,644	378,487
	3 Gross income (line 1 minus line 2)	27,400	26,101	25,431	78,932
Direct Expenses	4 Cash prizes			2,500	2,500
	5 Noncash prizes	7,500	2,500	6,066	16,066
	6 Rent/facility costs	7,600		12,554	20,154
	7 Food and beverages		24,601	12,836	37,437
	8 Entertainment		1,500		1,500
	9 Other direct expenses	4,003	2,466	10,934	17,403
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(95,060)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-16,128

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	5,515	1,100	9,555	16,170
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				16,170

9 Enter the state(s) in which the organization conducts gaming activities CA

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☑ Yes ☐ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ SEE SCH G PART IV

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SEE SCH G PART IV

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 14,553

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART III, LINE 14	NAME PENNY CLEARY ADDRESS SR 30 MAR WEST SPRING ROAD SANTA ROSA, CA 95403 NAME MARGARET WALKER ADDRESS 180 ROWLAND WAY NOVATO, CA 94945
SCHEDULE G, PART III, LINE 16	NAME PENNY CLEARY GAMING COMPENSATION $2,011 SERVICES PROVIDED COORDINATES GREAT GATSBY AND CATWALK FOR CURE POSITION EMPLOYEE OF SUTTER WEST BAY HOSPITALS NAME MARGARET WALKER GAMING COMPENSATION $2,199 SERVICES PROVIDED COORDINATES THE GOLF EVENT POSITION EMPLOYEE OF SUTTER WEST BAY HOSPITALS

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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
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
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			
	☑ 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	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 400 %			
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		No
	☐ 200% ☐ 250% ☐ 300% ☐ 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	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,293,651		14,293,651	0 930 %
b Medicaid (from Worksheet 3, column a)			282,766,051	176,960,663	105,805,388	6 860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			386,545	208,348	178,197	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			297,446,247	177,169,011	120,277,236	7 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41	121,556	2,489,489	328,700	2,160,789	0 140 %
f Health professions education (from Worksheet 5)	18	200	35,055,948	4,792,937	30,263,011	1 960 %
g Subsidized health services (from Worksheet 6)	16	39,396	50,178,582	35,358,539	14,820,043	0 960 %
h Research (from Worksheet 7)	1	1,312	18,144,957	432,926	17,712,031	1 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	57	20,760	5,636,754	120,922	5,515,832	0 360 %
j **Total.** Other Benefits	133	183,224	111,505,730	41,034,024	70,471,706	4 570 %
k **Total.** Add lines 7d and 7j	133	183,224	408,951,977	218,203,035	190,748,942	12 370 %

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	4	9,914	27,771		27,771	
4	Environmental improvements	1		5,000		5,000	
5	Leadership development and training for community members	2		4,395		4,395	
6	Coalition building	5	1,799	50,896		50,896	
7	Community health improvement advocacy	3		29,829		29,829	
8	Workforce development	9	245	237,258	43,483	193,775	0 010 %
9	Other						
10	**Total**	24	11,958	355,149	43,483	311,666	0 010 %

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 Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	3,794,740		
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	336,755,066
6	Enter Medicare allowable costs of care relating to payments on line 5	6	391,216,406
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-54,461,340

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

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
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	Yes	

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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?
8

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

			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**		No
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**		No
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**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	**5**	Yes	
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**	Yes	
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**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See section C			
b	☑ Other website (list url) See section C			
c	☐ 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**	Yes	
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**	Yes	
a	If "Yes" (list url) See section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
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)*

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
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**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ 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 ☑ 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**	Yes	
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 ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ 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 ☑ 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			
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**	Yes	
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)*

Name of hospital facility or letter of facility reporting group A

			Yes	No
19	Did the hospital facility or other authorized third 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**		No
	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 18 (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				
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**	Yes	
	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)			
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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group NOVATO COMMUNITY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
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	Yes	
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See section C			
b	☑ Other website (list url) See section C			
c	☐ 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	Yes	
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	Yes	
a	If "Yes" (list url) See section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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			
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		No
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)*

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	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	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ 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	☑ 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	Yes	
	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	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☑ 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				
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	Yes	
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)*

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third 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**		No
	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 18 (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				
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**	Yes	
	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)			
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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SUTTER LAKESIDE HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
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	Yes	
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Section C			
b	☑ Other website (list url) See Section C			
c	☐ 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
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)*

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	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	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ 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	☑ 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	Yes	
	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	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☑ 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				
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	Yes	
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)*

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third 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**		No
	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 18 (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				
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**	Yes	
	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)			
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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SUTTER MEDICAL CENTER SANTA ROSA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
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	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See section C			
b	☑ Other website (list url) See section C			
c	☐ 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	Yes	
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	Yes	
a	If "Yes" (list url) See section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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			
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		No
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)*

SUTTER MEDICAL CENTER SANTA ROSA

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	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	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ 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	☑ 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	Yes	
	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	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ 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				
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	Yes	
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)*

SUTTER MEDICAL CENTER SANTA ROSA

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third 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**		No
	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 18 (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				
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**	Yes	
	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)			
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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Additional Data Table	

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? **25**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3A & 3C	FPG FAMILY INCOME LIMIT FOR FREE CARE ELIGIBILITY SUTTER WEST BAY HOSPITALS USE THE FOLLO WING INCOME LIMITS FOR FREE CARE ELIGIBILITY - CALIFORNIA PACIFIC MEDICAL CENTER, 400%, - NOVATO COMMUNITY HOSPITAL, 400%, - SUTTER LAKESIDE HOSPITAL, 200%, AND - SUTTER MEDICAL C ENTER SANTA ROSA, 300% FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA CALIFORNIA PACIFIC MEDI CAL CENTER (REPORTING GROUP A) TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FED ERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDI TION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LI MITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLE CTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRIT ERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXC EEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FU LL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THEIR FAMILY INCOME - HIGH MEDICA L COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNT ED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 400% OF FPG - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT P AYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSI STING OF AT LEAST A 20% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING NOVATO COMMUNITY HOSPITAL TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERT Y GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION, THE F OLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGA NIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BA NKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENC Y IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CAT ASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OF F OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THEIR FAMILY INCOME - HIGH MEDICAL COST CHAR ITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 400% OF FPG - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAn THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSUR ANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISC OUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING SUTTER LAKESIDE H OSPITAL TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG PARTIAL CHARITY CARE IS A PART IAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR COVERED SERVICES AVAILABLE TO PAT IENTS WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% OF FEDERAL POVERTY GUIDELINES IN ADD ITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARIT Y CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT L IMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLL ECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRI TERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EX CEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A F ULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THEIR FAMILY INCOME - HIGH MEDIC AL COST CHARITY CARE (FOR INSURED PATIENTS) FULL OR PARTIAL WRITE-OFF OF THE HOSPITAL'S U NDISCOUNTED CHARGES FOR COVERED SERVICES HIGH MEDICAL COST CHARITY CARE IS NOT AVAILABLE FOR PATIENTS RECEIVING SERVICES THAT ARE ALREADY DISCOUNTED - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCI AL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INS URANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3A & 3C	PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED P ATIENTS WHO PAY PROMPTLY, CONSISTING OF A 15% TO 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 OR 60 DAYS OF FINAL BILLING SUTTER MEDICAL CENTER SANTA ROSA TO BE ELIGIBLE FOR FREE CAR E THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE A T OR BELOW 300% OF FPG PARTIAL CHARITY CARE IS A PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDI SCOUNTED CHARGES FOR COVERED SERVICES AVAILABLE TO PATIENTS WHOSE FAMILY INCOME ARE BETWEE N 301% AND 400% OF FPG IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIR CUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR M EDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION' S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN T HE FINANCIAL RESPONSIBILITY EXCEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THE IR FAMILY INCOME - HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-O FF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 35 0% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S I NSURER HAS NOT PROVIDED A DISCOUNT - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOU NT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PR OGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT F OR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	CALIFORNIA PACIFIC MEDICAL CENTER THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS $20,189,551

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES CALIFORNIA PACIFIC MEDICAL CENTER CALIFORNIA PACIFIC MEDIC AL CENTER (CPMC) FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS C OMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING TH E EXPERTISE AND RESOURCES OF SUTTER HEALTH BUILDING THE SAN FRANCISCO WORKFORCE, ESPECIAL LY BY CREATING OPPORTUNITIES FOR YOUTH, IS A MAJOR FOCUS FOR CPMC IN 2014, CPMC PROVIDED WORK-READINESS TRAINING AND CAREER EXPLORATION EXPERIENCES TO INDIVIDUALS THROUGH ITS COMM UNITY WORKFORCE PROGRAMS THESE PARTNERSHIPS HELP EDUCATE AND INSPIRE UNDERSERVED YOUTH TO PURSUE HEALTH CAREERS THEY INCLUDE GALILEO HEALTH ACADEMY OFFERS TWO 12-WEEK SPEAKER SE RIES THAT TAKE PLACE IN THE SPRING AND FALL OF THE ACADEMIC YEAR FOR HIGH SCHOOL JUNIORS TWICE A WEEK, CPMC EMPLOYEES PROVIDE LECTURES, DEMONSTRATIONS, TOURS AND ACTIVITIES TO ENH ANCE STUDENTS' UNDERSTANDING OF THE COMPLEXITIES AND OPPORTUNITIES IN A MODERN, COMPREHENS IVE ACUTE CARE MEDICAL CENTER CPMC ALSO PROVIDES SIX-WEEK SUMMER INTERNSHIPS FOR GALILEO STUDENTS TO GAIN EXPERIENCE WORKING IN A HOSPITAL ENVIRONMENT YEAR UP PLACES LOW-INCOME Y OUNG ADULTS BETWEEN THE AGES OF 18 AND 24 INTO INFORMATION TECHNOLOGY INTERNSHIPS AT CPMC ENABLING PATIENTS TO VOTE IS A PROGRAM THAT PROVIDES PATIENTS WITH THE OPPORTUNITY TO VOT E IN THE ELECTIONS VOLUNTEERS ASSIST IN PROMOTING THIS PROGRAM THROUGHOUT CPMC OVER THE C OURSE OF SEVERAL DAYS VOLUNTEERS ALSO FAX BALLOT REQUESTS TO CITY HALL, PICK-UP ABSENTEE BALLOTS, DISTRIBUTE BALLOTS TO PATIENTS, COLLECTING BALLOTS AT THE END OF THE DAY, AND DRO PPING OFF BALLOTS AT POLLING SITES, AND CITY HALL, FOR TABULATION IN A TIMELY MANNER PROJ ECT HOMELESS CONNECT IS SAN FRANCISCO'S SIGNATURE PROGRAM TO PROVIDE SERVICES TO ITS HOMEL ESS POPULATION THE MISSION OF PROJECT HOMELESS CONNECT IS TO PROVIDE A SINGLE LOCATION WH ERE NONPROFIT MEDICAL AND SOCIAL SERVICES PROVIDERS COLLABORATE TO SERVE THE HOMELESS OF S AN FRANCISCO WITH COMPREHENSIVE, HOLISTIC SERVICES CPMC VOLUNTEERS HELP PROJECT HOMELESS CONNECT PROVIDE MEDICAL AND SOCIAL SERVICES TO SAN FRANCISCO'S MOST IMPOVERISHED RESIDENTS , INCLUDING PRIMARY MEDICAL CARE, EYE EXAMS, WHEELCHAIR REPAIR, DENTAL TREATMENT, SUBSTANC E ABUSE CONNECTIONS, AND EVEN ACUPUNCTURE AND MASSAGE CPMC'S CHILD DEVELOPMENT CENTER IS PART OF THE FIRST 5 CALIFORNIA COALITIONS FIRST 5 CALIFORNIA REPRESENTS AN IMPORTANT PART OF OUR STATE'S EFFORT TO NURTURE AND PROTECT OUR MOST PRECIOUS RESOURCE - OUR CHILDREN F IRST 5 CALIFORNIA'S SERVICES AND SUPPORT ARE DESIGNED TO ENSURE THAT MORE CHILDREN ARE BOR N HEALTH AND REACH THEIR FULL POTENTIAL JVS FOSTER YOUTH HEALTHCARE CAREER EXPLORATION PR OGRAM A CPMC EMPLOYEE SPENDS TIME PREPARING AND GIVING TOURS OF OUR ST LUKE'S CAMPUS TO PROGRAM PARTICIPANTS THE PROGRAM IS FOR 17 - 21 YEAR OLDS WHO ARE CONSIDERING A FUTURE HE ALTH CARE CAREER, OFFERING 1) 3 UNITS OF CREDIT AT CITY COLLEGE OF SF WITH OVERVIEW OF HEA LTH CARE CAREERS AND MEDICAL TERMINOLOGY, 2) WEEKLY WORKSHOPS AT JVS TO BUILD COMPUTER, AC ADEMIC, AND JOB READINESS SKILLS, 3) A PAID INTERNSHIP IN A HEALTH CARE SETTING, 4) CONNEC TIONS WITH EMPLOYERS WHO CAN GET PARTICIPANTS STARTED IN A NEW CAREER LIFE LEARNING ACADE MY THIS PROGRAM MENTORS A LIFE LEARNING ACADEMY HIGH SCHOOL STUDENT ON-HALF HOUR PER WEEK FOR 12 WEEKS AT RISK YOUTH INTERNSHIP PARTNERS CPMC WITH COMMUNITY AGENCIES TO PROVIDE I NTERNSHIPS FOR AT-RISK YOUTH THROUGH THE VOLUNTEER SERVICES DEPARTMENT BOTH DURING THE SCH OOL YEAR AS WELL AS OFFERING SUMMER PROGRAMS THE NATIONAL COUNCIL ON AGING SENIOR COMMUNI TY SERVICE PROGRAM CREATED IN 1965, Senior Community Service Employment Program (SCSEP) I S THE NATION'S OLDEST PROGRAM TO HELP LOW-INCOME, UNEMPLOYED INDIVIDUALS AGED 55+ FIND WOR K A CPMC EMPLOYEE SPENDS TIME SUPPORTING TWO PROGRAM PARTICIPANTS NOVATO COMMUNITY HOSPI TAL NOVATO COMMUNITY HOSPITAL (NCH) FUNDS THE FOLLOWING PROGRAM THAT HELPS ADDRESS THE RO OT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SE RVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY A SSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH IN 1995, THE HEALTHY MARIN PARTNERSHIP WAS FORMED IN RESPONSE TO CALIFORNIA SENATE BILL 697, A LEGISLATIVE MANDATE R EQUIRING NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEA RS NCH PARTICIPATES IN THIS PARTNERSHIP, ALONG WITH OTHER KEY STAKEHOLDERS, TO PRODUCE TH E COMMUNITY HEALTH NEEDS ASSESSMENT NOVATO COMMUNITY HOSPITAL PARTNERS WITH THE FRIENDS O F STAFFORD LAKE BICYCLE PARK TO PROMOTE HEALTHY EATING AND ACTIVE LIVING BY BUILDING AND M AINTAINING AN OFF-ROAD CYCLING PARK ON COUNTY LAND TO PROVIDE A SAFE RIDING ENVIRONMENT FO R ALL AGES WITH A COMPONENT TO INVOLVE YOUNG CHILDREN IN LEARNING THE SPORT SUTTER LAKESI DE HOSPITAL SUTTER LAKESIDE HOSPITAL FUNDS THE FO

Form and Line Reference	Explanation
SCHEDULE H, PART II	LLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALT H AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH SUTTER LAKESIDE HOSPITAL STAFF MEMBERS ARE ASSIGNED TO COMMUNITY BOARDS, PA NELS, COMMITTEES, AND GROUPS SUTTER LAKESIDE HOSPITAL HOSTED ITS INAUGURAL HEROES OF HEAL TH AND SAFETY FAIR, WHICH SERVES AS AN OPPORTUNITY FOR THEIR COMMUNITY TO SEE ALL OF THE C OUNTY'S HEALTH AND SAFETY RESOURCES IN ONE LOCATION SUTTER SANTA ROSA REGIONAL HOSPITAL SUTTER SANTA ROSA REGIONAL HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROO T CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SER VE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY AS SETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH SUTTER SANTA ROSA REGIONAL HOSPITAL SUPPORTS THE COMPACT FOR SUCCESS PROGRAM FOR ELSIE ALLEN HIGH SCHOOL COMPACT FOR SUCCESS IS A PROGRAM DESIGNED TO SUPPORT STUDENTS FROM LOW SOCIOECONOMIC STATUS BACKGROUN DS IN GRADUATING HIGH SCHOOL, ATTENDING AND COMPLETING COLLEGE, AND PREPARING FOR COMMUNIT Y LEADERSHIP SUTTER SANTA ROSA REGIONAL HOSPITAL PROVIDES STAFF TIME TO COVERED SONOMA C OVERED SONOMA IS A COMMUNITY-WIDE COLLABORATIVE DESIGNED TO IDENTIFY AND PROVIDE ACCESS TO HEALTH INSURANCE FOR ALL ELIGIBLE UNINSURED PEOPLE IN SONOMA COUNTY THE HEALTHCARE WORKF ORCE DEVELOPMENT ROUNDTABLE IS A GROUP THAT PROMOTES THE INTEREST IN HEALTH PROFESSIONS AN D CREATES OPPORTUNITIES TO PURSUE HEALTH CAREERS FOR DIVERSE POPULATIONS IN SONOMA COUNTY THIS PROGRAM IS A PARTNERSHIP WITH SANTA ROSA JUNIOR COLLEGE AND HAS BEEN AWARDED MULTIPL E GRANTS OVER THE YEARS TO CONTINUE ITS IMPORTANT OUTREACH, RECRUITMENT AND SUPPORT EFFORT S SUTTER SANTA ROSA REGIONAL HOSPITAL CONTINUES TO PROVIDE LEADERS TO THIS EFFORT, BOTH I N STRATEGIC PLANNING AND PROVIDING OPPORTUNITIES FOR STUDENTS TO SHADOW STAFF IN A VARIETY OF HEALTH PROFESSIONS WITH THE HOSPITAL SETTING TODAY, THIS PARTNERSHIP HAS GROWN INTO A ROBUST CONTINUUM OF PROGRAMS AND SERVICES TARGETING HIGH SCHOOL AND COLLEGE STUDENTS OF C OLOR

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	AUDIT FOOTNOTE THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS THE AUDIT DOES INCLUDE FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUES LISTED BELOW PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE SUTTER'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS THESE ALLOWANCES ARE ESTIMATED BASED UPON AN EVALUATION OF HISTORICAL PAYMENTS, NEGOTIATED CONTRACTS AND GOVERNMENTAL REIMBURSEMENTS SUTTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS 90% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2014 AND 2013 ADJUSTMENTS AND CHANGES IN ESTIMATES ARE RECORDED IN THE PERIOD IN WHICH THEY ARE DETERMINED SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE AS FOLLOWS MEDICARE 29% AS OF 12/31/14 33% AS OF 12/31/13 MEDI-CAL 27% AS OF 12/31/14 21% AS OF 12/31/13 DURING 2014 AND 2013, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT THE ESTIMATION MAY CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM PATIENT SERVICE REVENUES FOOTNOTE PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYERS ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS SUTTER'S SELF-PAY WRITE-OFFS WERE $287 MILLION AND $375 MILLION FOR 2014 AND 2013, RESPECTIVELY

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 7	MEDICARE COSTS MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO COMMUNITY BENEFIT MEDICARE SHORTFALL THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE DEFICIT

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	DEBT COLLECTION POLICY COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) DURING 2013, A CO MMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE CITY AND COUNTY OF SAN FRANCISCO WAS CONDUC TED BY CPMC, THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, LOCAL NONPROFIT HOSPITALS AND ACADEMIC PARTNERS, AND MORE THAN 500 COMMUNITY RESIDENTS SERVING CALIFORNIA'S ONLY CONSOL IDATED CITY AND COUNTY AND A DIVERSE POPULATION OF 805,235 RESIDENTS, THE PARTNERS MADE EV ERY EFFORT TO CREATE A COMMUNITY-ORIENTED PROCESS ALIGNED WITH THE FOLLOWING VALUES - TO FACILITATE ALIGNMENT OF SAN FRANCISCO'S PRIORITIES, RESOURCES, AND ACTIONS TO IMPROVE HEAL TH AND WELL-BEING - TO ENSURE THAT HEALTH EQUITY IS ADDRESSED THROUGHOUT PROGRAM PLANNING AND SERVICE DELIVERY - TO PROMOTE COMMUNITY CONNECTIONS THAT SUPPORT HEALTH AND WELL-BEI NG THE MEMBERS OF THIS COMMUNITY BENEFIT PARTNERSHIP, WITH A LONG HISTORY OF SUCCESSFUL C OLLABORATION, AGREED TO TACKLE A NEW REQUIREMENT UNDER THE AFFORDABLE CARE ACT TO IDENTIF Y AND PRIORITIZE COMMUNITY HEALTH NEEDS THIS EFFORT IS NOT UNFAMILIAR TO SAN FRANCISCO'S NONPROFIT HOSPITALS, AS THEY HAVE UNDERGONE A SIMILAR PROCESS EVERY THREE YEARS SINCE CALI FORNIA SENATE BILL 697 WAS PASSED IN 1994, FOR MORE THAN A DECADE THIS COLLABORATIVE HAS C ONDUCTED COLLECTIVE COMMUNITY NEEDS ASSESSMENTS HELPFUL TO THIS YEAR'S PROCESS WAS THE NU MBER OF SIMILAR EFFORTS BEING UNDERTAKEN TO ASSESS COMMUNITY HEALTH NEEDS AND IMPROVEMENT STRATEGIES, SUCH AS THE HEALTH CARE SERVICES MASTER PLAN AND ACCREDITATION FOR THE SAN FRA NCISCO PUBLIC HEALTH DEPARTMENT (SFDPH) TO LEVERAGE RESOURCES REQUIRED FOR THESE ENDEAVOR S, THE COMMUNITY BENEFIT PARTNERSHIP MADE USE OF A COMMUNITY-DRIVEN PROCESS THAT ENGAGED M ORE THAN 500 COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS WHO IDENTIFIED TH E FOLLOWING KEY HEALTH PRIORITIES FOR ACTION - ENSURE SAFE AND HEALTHY LIVING ENVIRONMENT S - INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY - INCREASE ACCESS TO HIGH-QUALITY HEALTH CARE AND SERVICES FROM JULY 2011 UNTIL FEBRUARY 2013, THE PARTNERS ENGAGED IN A PROCESS T O A) AGREE ON DATA ELEMENTS AND INDICATORS TO BE COLLECTED B) DETERMINE THE PARTIES RESPO NSIBLE TO COLLECT THOSE DATA C) AGREE ON METHODS TO SOLICIT AND INCORPORATE COMMUNITY INPU T D) SHARE FINDINGS E) IDENTIFY PRIORITIZATION CRITERIA TO BE USED F) CONDUCT THE PRIORITI ZATION PROCESS G) GET COMMUNITY STAKEHOLDERS' INPUT ON STRATEGIES TO ADDRESS THE HEALTH NE EDS TO YIELD A REPRESENTATIVE AND TRANSPARENT ASSESSMENT PROCESS, THE COMMUNITY BENEFIT PA RTNERSHIP SOUGHT TO ENGAGE A RANGE OF COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM P ARTNERS AT EACH STEP SPECIFICALLY - COMMUNITY RESIDENTS FROM EACH OF SAN FRANCISCO'S 21 NEIGHBORHOOD AREAS CAME TOGETHER FOR A DAY-LONG EVENT TO DISCUSS THEIR VIEWS OF HEALTH AND THEIR HOPES FOR SAN FRANCISCO'S HEALTH FUTURE THIS RESULTED IN ELEMENTS OF A COMMUNITY-G UIDED HEALTH VISION FOR THE CITY AND COUNTY OF SAN FRANCISCO - SFDPH CONVENED A 42-MEMBER TASK FORCE TO SUPPORT SAN FRANCISCO'S CHA AND A PARALLEL EFFORT, THE HEALTH CARE SERVICES MASTER PLAN (HCSMP) TASK FORCE MEMBERS REPRESENTED A RANGE OF COMMUNITY STAKEHOLDERS SUC H AS HOSPITALS/CLINICS, K-12 EDUCATION, SMALL BUSINESS, URBAN PLANNING, CONSUMER GROUPS, N ONPROFITS REPRESENTING DIFFERENT ETHNIC MINORITY GROUPS, AND MORE TO ENSURE COMMUNITY PAR TICIPATION IN THE HCSMP AND CHA PROCESSES, THE TASK FORCE MET A TOTAL OF 10 TIMES BETWEEN JULY 2011 AND MAY 2012 - FOUR OF THOSE IN DIFFERENT SAN FRANCISCO NEIGHBORHOODS - AND ENGA GED MORE THAN 100 COMMUNITY RESIDENTS IN DIALOGUE TO BETTER DETERMINE HOW TO IMPROVE THE H EALTH OF ALL SAN FRANCISCANS WITH A PARTICULAR FOCUS ON THE CITY/COUNTY'S MOST VULNERABLE POPULATIONS TO ENCOURAGE COMMUNITY DIALOGUE, TASK FORCE NEIGHBORHOOD MEETINGS TOOK PLACE IN THE EVENING, AND SFDPH PROVIDED INTERPRETATION SERVICES IN SPANISH AND CANTONESE - SAN FRANCISCO ENGAGED 224 COMMUNITY RESIDENTS IN FOCUS GROUPS AND INTERVIEWED 40 COMMUNITY ST AKEHOLDERS TO LEARN MORE ABOUT SAN FRANCISCANS' DEFINITIONS OF HEALTH AND WELLNESS AS WELL AS THEIR PERCEPTIONS OF SAN FRANCISCO'S STRENGTHS VERSUS AREAS FOR HEALTH IMPROVEMENT FO CUS GROUPS TARGETED SAN FRANCISCO SUBPOPULATIONS (SENIORS AND PERSONS WITH DISABILITIES, T RANSGENDERED PEOPLE, MONOLINGUAL SPANISH SPEAKERS, AND TEENS) AND SPECIFIC NEIGHBORHOODS (BAYVIEW HUNTERS POINT, CHINATOWN, EXCELSIOR, MISSION, SUNSET/RICHMOND, AND TENDERLOIN) FO CUS GROUP PARTICIPANTS GREATLY INFORMED SAN FRANCISCO'S HEALTH VISION AS WELL AS THE COMMU NITY THEMES AND STRENGTHS ASSESSMENT - A 10-MEMBER DATA ADVISORY COMMITTEE COMPRISED OF L OCAL PUBLIC HEALTH SYSTEM PARTNERS, RESIDENTS, AND SFDPH STAFF OVERSAW THE SELECTION OF DA TA INDICATORS FOR THE COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) THIS BODY ALSO ENSURED TH E INTEGRITY OF THE CHSA'S METHODOLOGY AND QUANTITATIVE DATA - IN JUNE 2013, THE CHIP AND CHNA WERE PUBLICLY LAUNCHED AT THE MAYOR'S BREAKFAST ATTENDED BY 400 COMMUNITY PARTNERS S ECONDARY DATA WERE GATHERED WITH THE ASSISTANCE OF

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	HARDER+COMPANY THE REPORT "COMMUNITY HEALTH STATUS ASSESSMENT CITY AND COUNTY OF SAN FR ANCISCO" WAS COMPLETED IN JULY 2012 THE HEALTH INDICTORS, SELECTED BY MEMBERS OF THE LEAD ERSHIP GROUP WITHIN THE COALITION, AS WELL AS EACH INDICATOR'S DATA SOURCE, ARE ALSO INCLU DED IN THE REPORT THE PARTNERS CONDUCTED FOUR HEALTH ASSESSMENTS TO IDENTIFY COMMUNITY HE ALTH NEEDS AND INFORM HEALTH PRIORITY SELECTION COMMUNITY THEMES AND STRENGTHS ASSESSMENT , LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT, FORCES OF CHANGE ASSESSMENT, AND A COMMISSIONED C OMMUNITY HEALTH STATUS ASSESSMENT ONCE COLLECTED, SFDPH STAFF GROUPED DATA BY COMMON THEM ES GROUPING LIKE DATA POINTS THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR CALIFO RNIA PACIFIC MEDICAL CENTER IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/C OMMUNITY-NEEDS-ASSESSMENT HT ML NOVATO COMMUNITY HOSPITAL NOVATO COMMUNITY HOSPITAL (NCH) AND HEALTHY MARIN PARTNERSHIP (HMP) HAVE CONDUCTED COMMUNITY NEEDS ASSESSMENTS SINCE 199 5 TO COMPLY WITH THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT THE 2 013 CHNA RESULTED IN A RE-EXAMINATION OF OUR PROCESS AND ATTENTION TO COMMUNITY INPUT, TR ANSPARENCY, SUBJECT MATTER EXPERTISE AND DATA COLLECTION HMP CONDUCTED A COMMUNITY CONVEN ING OF MORE THAN 30 REPRESENTATIVES OF UNDERSERVED COMMUNITIES, PUBLIC HEALTH EXPERTS, AND COMMUNITY LEADERS THEY PRESENTED THE GROUP WITH EXTENSIVE DATA, KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS GROUPS RESULTS THE GROUP WAS ENGAGED IN A PROCESS TO EXAMINE AND DIS CUSS THE INFORMATION AS A FINAL STEP THEY IDENTIFIED THE FOLLOWING MARIN COUNTY HEALTH NE EDS IN PRIORITY ORDER 1 MENTAL HEALTH 2 SUBSTANCE ABUSE 3 ACCESS TO HEALTH CARE/MEDICA L HOMES/HEALTH CARE COVERAGE 4 SOCIOECONOMIC STATUS (INCOME, EMPLOYMENT, EDUCATION LEVEL) 5 HEALTHY EATING AND ACTIVE LIVING (NUTRITION/HEALTHY FOOD/FOOD ACCESS/PHYSICAL ACTIVITY 6 SOCIAL SUPPORTS (FAMILY AND COMMUNITY SUPPORT SYSTEMS AND SERVICES, CONNECTEDNESS) 7 CANCER 8 HEART DISEASE THE NOVATO COMMUNITY HOSPITAL SERVICE AREA INCLUDES THE NORTHERN C ALIFORNIA COUNTY OF MARIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PURPOSES OF THIS CHNA, ACTIVITIES WERE RESTRICTED TO RESIDENTS WITHIN THE BORDERS OF MARIN COUNTY THE COUNTY OF SONOMA IS ADDRESSED BY SUTTER SANTA ROSA REGIONAL HOSPITAL MARIN'S THREE NOT-FOR-PROFIT H OSPITALS, MARIN GENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL AND KAISER PERMANENTE COLLABOR ATED WITH HMP TO COMPLETE THE CHNA THE PROCESS INCLUDED FOUR PRIMARY ACTIVITIES 1 KEY I NFORMANT INTERVIEWS (PUBLIC HEALTH EXPERTS AND COMMUNITY LEADERS) 2 FOCUS GROUPS (UNDERSE RVED COMMUNITIES IN ENGLISH AND SPANISH, WITH ADDITIONAL TRANSLATION AVAILABLE) 3 THE HMP COMMUNITY CONVENING (EXPERTS, LEADERS, AND RESIDENTS) 4 A COMPREHENSIVE DATA REVIEW OF 1 53 HEALTH INDICATORS FINDINGS WERE COMPARED TO STATE AND NATIONAL AVERAGES AND, WHEN POSS IBLE MAPPED BY CENSUS TRACTS TO SHOW VARIATIONS AMONG GEOGRAPHIC AREAS ACROSS THE COUNTY THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR NOVATO COMMUNITY HOSPITAL IS AVAILAB LE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTE R LAKESIDE HOSPITAL A COMMUNITY HEALTH NEEDS ASSESSMENT BUILDS THE FOUNDATION FOR ALL COM MUNITY HEALTH PLANNING, AND PROVIDES APPROPRIATE INFORMATION ON WHICH POLICYMAKERS, PROVID ER GROUPS, AND COMMUNITY ADVOCATES CAN BASE IMPROVEMENT EFFORTS, IT CAN ALSO INFORM FUNDER S ABOUT DIRECTING GRANT DOLLARS MOST APPROPRIATELY IN 2012-2013, A COLLABORATIVE THAT INC LUDED THE TWO LAKE COUNTY HOSPITALS, ST HELENA CLEAR LAKE AND SUTTER LAKESIDE, JOINED BY PUBLIC HEALTH AND OTHER LOCAL ORGANIZATIONS, RETAINED BARBARA AVED ASSOCIATES (BAA) TO UPD ATE THE COMMUNITY HEALTH NEEDS ASSESSMENT BAA CONDUCTED IN 2010 THE PURPOSE OF THE STUDY WAS TO EXAMINE RELEVANT COMMUNITY HEALTH INDICATORS, IDENTIFY THE HIGHEST UNMET NEEDS AND PRIORITIZE AREAS FOR IMPROVING COMMUNITY HEALTH THE ASSESSMENT MEETS THE PROVISIONS IN TH E PATIENT PROTECTION AND AFFORDABLE CARE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SUTTER WEST BAY HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR OSHPD CA GOV COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS 1 PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE - ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) - PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE D LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS E NOTIFICATIONS TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL RESPONSIBILITY BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES EXCEPT IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS HOURS ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S DIAGNOSIS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION CALIFORNIA PACIFIC MEDICAL FOUNDATION (REPORTING GROUP A) THE HOSP ITAL SERVICE AREA FOR CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULATIONS RESIDING IN THE CITY AND COUNTY OF SAN FRANCISCO THERE ARE 12 HOSPITALS SERVING THE COMMUNITY THE TOTAL POPULATION OF CPMC'S HOSPITAL SERVICE AREA IS 805,235 48 5% OF THE POPULATION IS W HITE 15 1% IS LATINO 6 1% IS AFRICAN AMERICAN 33 7% IS ASIAN AND PACIFIC ISLANDER 0 5% IS NATIVE AMERICAN MEDIAN AGE IS 38 2 YEARS AVERAGE HOUSEHOLD INCOME IS $73,127 11 86% OF THE POPULATION IS LIVING IN POVERTY 15% OF CHILDREN ARE LIVING IN POVERTY 9 5% OF TH E POPULATION IS UNEMPLOYED 11 53% OF THE POPULATION IS UNINSURED 27 59% IS LIVING UNDER 200% POVERTY LEVEL 24 78% IS LINGUISTICALLY ISOLATED AND 14 29% OF THE POPULATION HAS NO HIGH SCHOOL DIPLOMA (SOURCES HTTP //WWW COUNTYHEALTHRANKINGS ORG, HTTP //WWW CHNA ORG/K P, HTTP //WWW SFDPH ORG/DPH/FILES/REPORTS/POLICYPROCOFC/CHSA_10162012 PDF) AN IN-DEPTH VI EW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE CALIFORNIA PA CIFIC MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML NOVATO COMMUNITY HOSPITAL THE NOVATO COMMUNITY HOSPITAL SERVICE AREA IN CLUDES THE NORTHERN CALIFORNIA COUNTY OF MARIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PU RPOSES OF THIS STUDY, ACTIVITIES WERE RESTRICTED TO RESIDENTS WITHIN THE BORDERS OF MARIN COUNTY SUTTER SANTA ROSA REGIONAL HOSPITAL ADDRESSES THE COUNTY OF SONOMA THERE ARE THRE E HOSPITALS SERVING THE COMMUNITY THE NOVATO COMMUNITY HOSPITAL SERVICE AREA COMPRISES MA RIN COUNTY UNINCORPORATED AREAS AND CITIES INCLUDING BELVEDERE, CORTE MADERA, FAIRFAX, LAR KSPUR, MILL VALLEY, NOVATO, ROSS, SAN ANSELMO, SAN RAFAEL, SAUSALITO, AND TIBURON AND THE COASTAL TOWNS OF STINSON BEACH, BOLINAS, POINT REYES, INVERNESS, MARSHALL, AND TAMALES TH E TOTAL POPULATION IN MARIN COUNTY IS 352,544 WHITES MAKE UP 81 94% OF MARIN COUNTY'S POP ULATION 16 68% ARE LATINO 2 38% ARE AFRICAN AMERICAN 5 33% ARE ASIAN AND PACIFIC ISLAND ER 0 36% ARE NATIVE AMERICAN (DATA SOURCE US CENSUS BUREAU, 2006-2010 AMERICAN COMMUNIT Y SURVEY 5-YEAR ESTIMATE KFH-SAN RAFAEL SERVICE AREA DATA) MEDIAN AGE IS 44 YEARS, WITH 1 5 47% OF THE POPULATION OVER THE AGE OF 65 91 68% OF THE POPULATION GRADUATED ON TIME FRO M HIGH SCHOOL 9 22% OF CHILDREN LIVE IN POVERTY THE MEDIAN HOUSEHOLD INCOME IS $89,268 9 36% OF THE POPULATION HAVE NO HIGH SCHOOL DIPLOMA 8 6% OF THE POPULATION ARE MEDI-CAL/M EDI-CAID RECIPIENTS THE UNEMPLOYMENT RATE IS 6 16% 10 0% ARE UNINSURED, AND 11 33% LACK A SOURCE OF CONSISTENT PRIMARY CARE MARIN COUNTY IS A HEALTHY AND AFFLUENT COUNTY COMPARE D TO CALIFORNIA, AND THE NATION, AS A WHOLE HOWEVER, A SUB-COUNTY GEOGRAPHIC QUANTITATIVE AND QUALITATIVE DATA ANALYSIS IDENTIFIES DISPARITIES IN SOCIOECONOMIC STATUS THAT LIMIT A CCESS TO HEALTH CARE AND THE CAPACITY OF SOME RESIDENTS TO MAKE CHOICES THAT CONTRIBUTE TO A HEALTHY LIFESTYLE AN IN-DEPTH VIEW OF THE DEMOGRAPHICS OF THE SERVICE AREA IS AVAILABL E IN THE NOVATO COMMUNITY HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/ COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITALS SUTTER LAKESIDE HOSPITAL'S HO SPITAL SERVICE AREA IS DEFINED AS LAKE COUNTY THERE ARE TWO HOSPITALS SERVING THE COMMUNI TY LAKE COUNTY IS LOCATED IN NORTHERN CALIFORNIA JUST TWO HOURS BY CAR FROM THE SAN FRANC ISCO BAY AREA, THE SACRAMENTO VALLEY, OR THE PACIFIC COAST THE COUNTY'S ECONOMY IS BASED LARGELY ON TOURISM AND RECREATION, DUE TO THE ACCESSIBILITY AND POPULARITY OF ITS SEVERAL LAKES AND ACCOMPANYING RECREATIONAL AREAS IT IS PREDOMINANTLY RURAL, ABOUT 100 MILES LONG BY ABOUT 50 MILES WIDE, AND INCLUDES THE LARGEST NATURAL LAKE ENTIRELY WITHIN CALIFORNIA BORDERS LAKE COUNTY IS MOSTLY AGRICULTURAL, WITH TOURIST FACILITIES AND SOME LIGHT INDUST RY MAJOR CROPS INCLUDE PEARS, WALNUTS AND, INCREASINGLY, WINE GRAPES DOTTED WITH VINEYAR DS AND WINERIES, ORCHARDS AND FARM STANDS, AND SMALL TOWNS, THE COUNTY IS HOME TO CLEAR LA KE, CALIFORNIA'S LARGEST NATURAL FRESHWATER LAKE, KNOWN AS "THE BASS CAPITAL OF THE WEST," AND MT KONOCTI, WHICH TOWERS OVER CLEAR LAKE WITHIN LAKE COUNTY THERE ARE TWO INCORPORA TED CITIES, THE COUNTY SEAT OF LAKEPORT AND THE CITY OF CLEARLAKE, THE LARGEST CITY, AND T HE COMMUNITIES OF BLUE LAKES, CLEARLAKE OAKS, COBB, FINLEY, GLENHAVEN, HIDDEN VALLEY LAKE, KELSEYVILLE, LOCH LOMOND, LOWER LAKE, LUCERNE, NICE, MIDDLETOWN, SPRING VALLEY, ANDERSON SPRINGS, UPPER LAKE, AND WITTER SPRINGS LAKE COUNTY IS BORDERED BY MENDOCINO AND SONOMA C OUNTIES ON THE WEST, GLENN, COLUSA AND YOLO COUNTIES ON THE EAST, AND NAPA COUNTY ON THE S OUTH THE TWO MAIN TRANSPORTATION CORRIDORS THROUGH THE COUNTY ARE STATE ROUTES 29 AND 20 STATE ROUTE 29 CONNECTS NAPA COUNTY WITH LAKEPORT AND STATE ROUTE 20 TRAVERSES CALIFORNIA AND PROVIDES CONNECTIONS TO HIGHWAY 101 AND INTERSTATE 5 ACCORDING TO CALIFORNIA LABOR M ARKET DATA ABOUT COUNTY-TO-COUNTY COMMUTE PATTERNS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	(WHICH HAVE NOT BEEN UPDATED SINCE 2000), THE TOTAL NUMBER OF WORKERS THAT LIVE AND WORK IN LAKE IS 15,566 PERSONS THE TOTAL FOR WORKERS COMMUTING IN WAS 1,046, AND 4,320 WORKERS COMMUTED OUT ABOUT 67% OF PEOPLE WHO LIVE IN LAKE COUNTY ALSO WORK WITHIN THE COUNTY WH ILE THE POPULATION SIZE OF LAKE COUNTY WAS ESTIMATED AT 64,394 RESIDENTS IN JULY 2012, THE POPULATION CAN SWELL WITH DAYTIME WORK COMMUTERS AND SEASONAL TOURISTS DEMOGRAPHICS - P OPULATION CHANGE IS MOSTLY STATIC ESTIMATES OF ANNUAL PERCENT CHANGE BETWEEN JANUARY 2011 AND JANUARY 2012 SHOW ZERO GROWTH FOR THE COUNTY OVERALL - WITH 21% OF RESIDENTS OVER TH E AGE OF 65, THE COUNTY HAS NEARLY TWICE THE PROPORTION OF OLDER RESIDENTS THAN CALIFORNIA AS A WHOLE THE OVER-AGE-60 GROUP IS ESTIMATED TO INCREASE 59% FROM 2010 TO 2030 THE ANT ICIPATED SIGNIFICANT GROWTH IN THIS AGE GROUP WILL PUT A LARGER BURDEN ON THE HEALTH CARE SYSTEM AND LOCAL ECONOMY, WHICH MAY NOT HAVE SUFFICIENT COMMUNITY SERVICES OR TAX BASE TO SUPPORT IT - LAKE COUNTY'S POPULATION IS PROJECTED TO BECOME INCREASINGLY CULTURALLY DIVE RSE IN COMING YEARS FOR EXAMPLE, THE HISPANIC POPULATION IS PROJECTED TO INCREASE SLIGHTL Y MORE THAN 3-FOLD AND PERSONS IDENTIFYING AS MULTI-RACE BY ABOUT 2-FOLD FROM 2010 TO 2050 SOCIOECONOMIC FACTORS - RECOVERY FROM THE RECESSION HAS BEEN SLOW, 21 4% (UP FROM 17 9% IN 2008) OF LAKE COUNTY RESIDENTS, ONE-THIRD HIGHER THAN THE STATE AVERAGE, LIVED BELOW T HE FEDERAL POVERTY LEVEL IN 2011 - ONE-THIRD OF THE POPULATION WAS REPORTED TO BE "FOOD I NSECURE " AND, IN 2011, 61% OF STUDENTS ACROSS THE COUNTY WERE RECEIVING FREE-REDUCED PRIC E LUNCHES THESE FINDINGS, HOWEVER, SHOWED SLIGHT IMPROVEMENT FROM THE PRIOR ASSESSMENT PE RIOD - THE PROPORTION OF THE NON ELDERLY POPULATION (AGES 0-64) WHO WERE UNINSURED ALL OR PART OF THE YEAR IN LAKE COUNTY IS VERY SIMILAR TO THE STATEWIDE AVERAGE - THERE WERE FE WER UNINSURED CHILDREN IN LAKE COUNTY THAN IN CALIFORNIA IN 2009, BUT THE PERCENTAGE COVER ED BY EMPLOYMENT-BASED INSURANCE, 44 5%, WAS LOWER THAN THE STATE AVERAGE - LAKE COUNTY H AS THE HIGHEST PERCENTAGE OF SENIORS COVERED BY A COMBINATION OF MEDICARE AND MEDI-CAL IN THE NORTHERN AND SIERRA COUNTIES REGION IT HAS THE SECOND LOWEST PERCENTAGE OF SENIORS TH AT HAVE PRIVATE SUPPLEMENTAL COVERAGE IN ADDITION TO MEDICARE - MORE PEOPLE IN LAKE COUNT Y, 86 3%, COMPARED TO CALIFORNIA, 80 7%, HAVE COMPLETED HIGH SCHOOL OR HIGHER - LAKE COUN TY'S OVERALL HIGH SCHOOL DROPOUT RATE IN 2011-12, 2 8%, WAS MORE FAVORABLE THAN THE STATEW IDE RATE OF 4 0%, BUT SLIGHTLY HIGHER THAN THE PRIOR SCHOOL YEAR NATIVE AMERICAN AND AFRI CAN AMERICAN STUDENTS DROP OUT OF SCHOOL AT HIGHER RATES THAN THE OVERALL COUNTY AVERAGE AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE HOSPITAL CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER SANTA ROSA REGIONAL HOSPITAL SUTTER SANTA ROSA REGIONAL HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS SONOMA COUNTY THERE ARE THREE HOSPITALS SERVING THE COMMUNITY DEMOGRAPHIC OVERVIEW SONOMA COUNTY IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQU ARE MILES THE COUNTY'S TOTAL POPULATION IS CURRENTLY ESTIMATED AT 487,011 ACCORDING TO P ROJECTIONS FROM THE CALIFORNIA DEPARTMENT OF FINANCE, COUNTY POPULATION IS PROJECTED TO GR OW BY 8 3% TO 546,204 IN 2020 THIS RATE OF GROWTH IS LESS THAN THAT PROJECTED FOR CALIFOR NIA AS A WHOLE (10 1%) GEOGRAPHIC DISTRIBUTION OF POPULATION SONOMA COUNTY RESIDENTS INH ABIT NINE CITIES AND A LARGE UNINCORPORATED AREA, INCLUDING MANY GEOGRAPHICALLY ISOLATED C OMMUNITIES THE MAJORITY OF THE COUNTY'S POPULATION RESIDES WITHIN ITS CITIES, THE LARGEST OF WHICH ARE CLUSTERED ALONG THE HIGHWAY 101 CORRIDOR SANTA ROSA IS THE LARGEST CITY WIT H A POPULATION OF 168,841 AND IS THE SERVICE HUB FOR THE ENTIRE COUNTY AND THE LOCATION OF THE COUNTY'S THREE MAJOR HOSPITALS SONOMA COUNTY'S UNINCORPORATED AREAS ARE HOME TO 146, 739 RESIDENTS, 30 1% OF THE TOTAL POPULA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF TH E PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AN D EXCELLENCE IN HEALTH CARE SERVICES " SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY - BUILD ING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND G OVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROV EMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND - PRO VIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS CALIFORNI A PACIFIC MEDICAL CENTER (CPMC) THE 2013 - 2015 IMPLEMENTATION STRATEGY FOR CALIFORNIA PA CIFIC MEDICAL CENTER DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIE D PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW O F THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW CPMC'S ST LUKE'S HEALTH CARE CENTE R (SLHCC) PROVIDES A FULL RANGE OF OBSTETRIC AND GYNECOLOGICAL CARE AT ITS WOMEN'S CENTER, WELL-BABY CARE, WELL-CHILD CARE, AND CARE FOR ILL OR INJURED CHILDREN AT ITS PEDIATRIC CL INIC, AND PRIMARY, ACUTE AND CHRONIC CARE AT ITS ADULT INTERNAL MEDICINE CLINIC FOR TEENAG ERS AND ADULTS SLHCC'S CLINICIANS AND STAFF ARE BILINGUAL IN ENGLISH AND SPANISH, ENSURIN G CULTURALLY COMPETENT AND SENSITIVE CARE SLHCC IS ANTICIPATED TO IMPROVE ACCESS TO CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN COMMUNITIES SOUTH OF MARKET STREET IN SAN FRANCISCO IN 2014, ABOUT 12,000 UNIQUE PATIENTS WERE SEEN AT ST LUKE'S HEALTH CARE C ENTER, WITH OVER 44,000 PATIENT VISITS HEALTHFIRST, SLHCC'S AFFILIATED CENTER FOR HEALTH EDUCATION AND DISEASE PREVENTION, HAD OVER 1,900 PATIENT VISITS, SERVING OVER 650 PATIENTS IN CHRONIC DISEASE MANAGEMENT CPMC MAINTAINS SLHCC AT ITS ST LUKE'S CAMPUS IN ORDER TO PROVIDE SUBSIDIZED PRIMARY CARE AND PREVENTIVE SERVICES TO UNDERSERVED RESIDENTS OF THE MI SSION, AS WELL AS BAYVIEW, DOWNTOWN/CIVIC CENTER, VISITACION VALLEY AND EXCELSIOR - SOME O F THE SAN FRANCISCO NEIGHBORHOODS IDENTIFIED AS HAVING THE HIGHEST DISPARITIES RELATED TO IMPORTANT SOCIO-ECONOMIC DETERMINANTS OF HEALTH BY PROVIDING SERVICES SUCH AS THESE, CPMC CONTRIBUTES TO IMPROVED ACCESS TO CARE AS MEASURED BY A SHIFT IN THE NEEDS ASSESSMENT IND ICATOR TRACKING THE NUMBER OF SAN FRANCISCANS WITH A USUAL SOURCE OF HEALTH CARE (FROM 86 8% IN 2009 TO 88 8% IN 2011-2012) (WWW SFHIP ORG) BY ENSURING THAT SERVICES ARE CULTURALL Y AND LINGUISTICALLY APPROPRIATE, CPMC HELPS TO BRIDGE GAPS IN ACCESSIBILITY DUE TO LANGUA GE AND CULTURAL BARRIERS FOR NON-NATIVE-ENGLISH SPEAKERS, AS MEASURED BY A SHIFT IN THE NE EDS ASSESSMENT INDICATOR MEASURING SAN FRANCISCO'S PERCENTAGE OF ADULTS WHO SPEAK A LANGUA GE OTHER THAN ENGLISH AT HOME WHO HAVE DIFFICULTY UNDERSTANDING THEIR DOCTORS (FROM 2 1% I N 2009 TO 1 7% IN 2011-2012) (WWW SFHIP ORG) THESE SERVICES ALSO COUNTER LIMITED ACCESS T HAT MAY BE CAUSED BY PRIMARY CARE PROVIDERS BEING LESS LIKELY TO SERVE MEDI-CAL BENEFICIAR IES DUE TO LOW GOVERNMENT REIMBURSEMENT RATES CPMC'S KALMANOVITZ CHILD DEVELOPMENT CENTER (KCDC) PROVIDES DIAGNOSIS, EVALUATION, TREATMENT AND COUNSELING FOR CHILDREN AND ADOLESCE NTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAUSED BY PREMATUR ITY, AUTISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDROME, ATTENTION DEFICIT DISORDER, OR CER EBRAL PALSY ITS COMPREHENSIVE ASSESSMENTS AND ONGOING THERAPY PROGRAMS INCLUDE THE FOLLOW ING DISCIPLINES DEVELOPMENTAL/BEHAVIORAL PEDIATRICS, PSYCHOLOGY AND PSYCHIATRY, SPEECH/LA NGUAGE AND AUDITORY PROCESSING, OCCUPATIONAL THERAPY, BEHAVIOR MANAGEMENT CONSULTATIONS, E ARLY INTERVENTION/ PARENT-INFANT PROGRAM, SOCIAL SKILLS GROUPS, FEEDING ASSESSMENT AND THE RAPY, ASSESSMENT AND THERAPY FOR THE NEONATAL INTENSIVE CARE UNIT AND ASSESSMENT FOR THE F OLLOW-UP CLINIC, EDUCATIONAL ASSESSMENT, THERAPY AND TREATMENT BESIDES OPERATING ITS OWN CLINICS, KCDC ALSO EXTENDS ITS SERVICES TO A LARGE NUMBER OF AT-RISK CHILDREN BY PARTNERIN G WITH LOCAL SCHOOLS AND OTHER COMMUNITY ORGANIZATIONS, SUCH AS DE MARILLAC ACADEMY, IMMAC ULATE CONCEPTION ACADEMY, AND FIRST 5 SAN FRANCISCO KCDC IS ANTICIPATED TO IMPROVE ACCESS TO CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN SAN FRANCISCO IN 2014, KCDC LOCATIONS TOGETHER HAD NEARLY 20,000 PATIENT VISITS, SERVING OVER 1,850 UNIQUE PATIENTS WH O OTHERWISE MAY NOT HAVE BEEN ABLE TO RECEIVE CHILD DEVELOPMENTAL SERVICES THESE SERVICES PROVIDED AT REDUCED OR NO COST TO FAMILIES ARE PARTICULARLY IMPORTANT SINCE CHILDREN FROM LOW-INCOME FAMILIES HAVE A 50% HIGHER RISK OF DEVELOPMENTAL DISABILITIES, EARLY IDENTIFIC ATION AND TREATMENT CAN CHANGE THE COURSE OF THESE CHILDREN'S LIVES KCDC PROVIDED ADDITIO NAL SERVICES THROUGH CPMC'S NEW "JOINT VENTURE HEA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	LTH" WITH UC BERKELEY'S SCHOOL OF PUBLIC HEALTH AND NORTH EAST MEDICAL SERVICES (NEMS), IN THIS PARTNERSHIP, KCDC DONATED THE LABOR TIME OF A DEDICATED CHILD DEVELOPMENT SPECIALIST STATIONED AT NEMS SO THAT KIDS WITH DEVELOPMENTAL DISABILITIES COULD RECEIVE DEVELOPMENTA L SERVICES AT AN INTEGRATED MEDICAL HOME WHERE THEY ALSO RECEIVE PRIMARY CARE THROUGH THI S PROGRAM, MORE THAN 400 KIDS UNDER AGE 11 WERE SCREENED, OF WHOM 14 PERCENT WERE AT MODER ATE OR HIGH RISK FOR DEVELOPMENTAL AND SOCIAL/EMOTIONAL DELAYS BAYVIEW CHILD HEALTH CENTE R (BCHC) OFFERS ROUTINE PREVENTATIVE AND URGENT PEDIATRIC CARE IN ONE OF SAN FRANCISCO'S M OST MEDICALLY UNDERSERVED NEIGHBORHOODS, AND ADDRESSES PREVALENT COMMUNITY HEALTH ISSUES S UCH AS WEIGHT CONTROL AND ASTHMA MANAGEMENT THE CENTER IS PARTICULARLY ATTUNED TO THE IMP ACT OF COMMUNITY VIOLENCE AND CHILDHOOD TRAUMA ON CHILDREN'S MENTAL AND PHYSICAL HEALTH T HE CLINIC ALSO OFFERS PSYCHOLOGICAL AND CASE MANAGEMENT SERVICES TO FAMILIES THROUGH A PAR TNERSHIP WITH THE CENTER FOR YOUTH WELLNESS DENTAL SERVICES ARE PROVIDED ON SITE THROUGH A PARTNERSHIP WITH THE NATIVE AMERICAN HEALTH CENTER THE CLINIC IS A COLLABORATION BETWEE N CPMC, SUTTER PACIFIC MEDICAL FOUNDATION, AND CPMC FOUNDATION IN 2014, THE CLINIC SERVED AN ESTIMATED 1,000 UNIQUE PATIENTS, WITH AN ESTIMATED 2,500 TOTAL PATIENT VISITS CPMC AN D ITS PARTNERS OPENED BCHC IN ORDER TO PROVIDE SUBSIDIZED PRIMARY CARE TO CHILDREN IN ONE OF THE MOST VULNERABLE, UNDERSERVED NEIGHBORHOODS IN SAN FRANCISCO THROUGH SERVICES SUCH AS THESE, CPMC HAS CONTRIBUTED TO IMPROVED ACCESS TO CARE AS MEASURED BY A SHIFT IN THE NE EDS ASSESSMENT INDICATOR TRACKING THE NUMBER OF SAN FRANCISCANS WITH A USUAL SOURCE OF HEA LTH CARE (FROM 86 8% IN 2009 TO 88 8% IN 2011-2012) (WWW SFHIP ORG) BY ENSURING THAT SERV ICES ARE CULTURALLY AND LINGUISTICALLY APPROPRIATE, CPMC HELPS TO BRIDGE GAPS IN ACCESSIBI LITY DUE TO LANGUAGE AND CULTURAL BARRIERS FOR NON-NATIVE-ENGLISH SPEAKERS, AS MEASURED BY A SHIFT IN THE NEEDS ASSESSMENT INDICATOR MEASURING SAN FRANCISCO'S PERCENTAGE OF ADULTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME WHO HAVE DIFFICULTY UNDERSTANDING THEIR DO CTORS (FROM 2 1% IN 2009 TO 1 7% IN 2011-2012) (WWW SFHIP ORG) THESE SERVICES ALSO COUNTE R LIMITED ACCESS THAT MAY BE CAUSED BY PRIMARY CARE PROVIDERS BEING LESS LIKELY TO SERVE M EDI-CAL BENEFICIARIES DUE TO LOW GOVERNMENT REIMBURSEMENT RATES CPMC'S AFRICAN AMERICAN B REAST HEALTH (AABH) AND SISTER TO SISTER PROGRAMS OFFER WOMEN MAMMOGRAPHY SCREENING AND AL L THE SUBSEQUENT BREAST HEALTH DIAGNOSTIC TESTING AND TREATMENT THEY MAY NEED AT NO COST PARTNERSHIP ORGANIZATIONS, SUCH AS BAYVIEW HUNTERS POINT SENIOR CENTER, CALVARY HILL COMMU NITY CHURCH, GLIDE HEALTH SERVICES, SAN FRANCISCO FREE CLINIC, AND CLINIC BY THE BAY, REFE R UNINSURED, UNDERINSURED, DISADVANTAGED AND AT-RISK WOMEN FOR MAMMOGRAPHY SERVICES CPMC' S BREAST CENTER AT THE ST LUKE'S CAMPUS PROMOTES BREAST HEALTH IN UNDERSERVED COMMUNITIES BY PARTNERING WITH NEIGHBORHOOD CLINICS AND COMMUNITY AGENCIES, INCLUDING SOUTHEAST HEALT H CENTER, MISSION NEIGHBORHOOD HEALTH CENTER, AND LATINA BREAST CANCER AGENCY IN 2014, CP MC'S AFRICAN AMERICAN AND SISTER TO SISTER BREAST HEALTH PROGRAMS PROVIDED 229 SCREENINGS, WITH 284 TOTAL PATIENT VISITS, AND 23 FIRST-TIME MAMMOGRAMS PROVIDED CPMC'S GRANT TO LAT INA BREAST CANCER AGENCY PROVIDED ASSISTANCE FOR LOW-INCOME PATIENTS TO RECEIVE 370 MAMMOG RAMS AT CPMC'S ST LUKE'S CAMPUS IN LATE 2014, CPMC IMPLEMENTED A NEW GRANT TO SHANTI PRO JECT'S MARGOT MURPHY BREAST CANCER PROGRAM TO ADDRESS THE NEED FOR CARE NAVIGATION SERVICE S FOR SHANTI PATIENTS RECEIVING FREE BREAST CANCER TREATMENT, PRIORITIZING WOMEN WHO FACE PARTICULAR CHALLENGES IN COMPLETING TREATMENT DUE TO BEING LOW-INCOME, UNINSURED/UNDERINSU RED, LIMITED ENGLISH PROFICIENT, AND/OR FROM IMMIGRANT POPULATIONS CPMC'S COMING HOME HOS PICE PROVIDES 24-HOUR CARE FOR TERMINALLY ILL CLIENTS AND THEIR FAMILIES IN A CARING, HOME LIKE SETTING CPMC ENSURES THAT HIGH-QUA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 (CONTINUED)	PROMOTION OF COMMUNITY HEALTH (CONTINUED) NOVATO COMMUNITY HOSPITAL THE 2013-2015 IMPLEME NTATION STRATEGY FOR NOVATO COMMUNITY HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSH IPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE CO MMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW THE ROTOC ARE CLINIC IS OPERATED BY LOCAL ROTARY CLUBS AND DEPENDS ON DONATIONS AND IN-KIND SERVICES FROM HEALTH CARE PROVIDERS TO OFFER CARE TO UNDERSERVED AND UNDOCUMENTED INDIVIDUALS IN T HE COMMUNITY NOVATO COMMUNITY HOSPITAL PROVIDES FUNDING AND OUTPATIENT LABORATORY EXAMS F OR THE ROTACARE PATIENTS IN 2014, DIAGNOSTIC LABORATORY SERVICES WERE PROVIDED TO 59 INDI VIDUALS, ALLOWING ROTACARE TO PROVIDE MUCH NEEDED CARE TO PATIENTS AND NCH PROVIDED FUNDI NG TO SUPPORT OVERALL CLINIC OPERATIONS HOMEWARD BOUND OF MARIN PROVIDES SERVICES TO THE COUNTY'S HOMELESS POPULATION, INCLUDING A TRANSITION SITE WHERE HOMELESS PATIENTS CAN BE S AFELY DISCHARGED FROM THE HOSPITAL TO RECUPERATE FROM INJURIES AND ILLNESSES NCH PROVIDES AN ANNUAL GRANT TO SUPPORT THIS PROGRAM IN 2014, HOMEWARD BOUND WAS ABLE TO PROVIDE 63 P ATIENT DAYS IN RESPITE BEDS WITH SUPPORT FROM THE NCH CONTRIBUTION NCH SUPPORTS WHISTLEST OP, A COMMUNITY-BASED ORGANIZATION THAT PROVIDES SERVICES TO SENIORS AND DISABLED ADULTS I N THE COUNTY THROUGH A PROGRAM CALLED HEALTH EXPRESS IN 2014, 362 RIDES TO MEDICAL APPOIN TMENTS WERE PROVIDED TO LOW INCOME SENIORS AND DISABLED PERSONS NOVATO COMMUNITY HOSPITAL PROVIDES A GRANT TO NUSD TO COVER THE COST OF MEDICAL CARE FOR UNDERSERVED STUDENTS IN 2 014, 81 UNDERSERVED STUDENTS RECEIVED EPISODIC HEALTH CARE SUCH AS SPECIALIST, EYE AND DEN TAL APPOINTMENTS 25 STUDENTS RECEIVED ONE-ON-ONE NURSING CARE FOR ACUTE CONDITIONS SUCH A S TYPE 1 DIABETES AND SPINA BIFIDA IN ADDITION, 3000 STUDENTS BENEFITTED FROM THE PURCHAS E OF RESTAURANT QUALITY BLENDERS TO PROVIDE HEALTHY SMOOTHIES AS PART OF THE DISTRICT'S HE AL PROGRAM THE ANNUAL INFLUENZA SEASON FROM OCTOBER THROUGH MARCH AFFECTS ALL MEMBERS OF THE COMMUNITY AND IT IS IN THE BEST INTEREST OF PUBLIC HEALTH TO IMMUNIZE AS MANY INDIVIDU ALS AS POSSIBLE NOVATO COMMUNITY HOSPITAL HOSTS FREE IMMUNIZATION CLINICS FOR THE COMMUNI TY AND IN 2014, 155 VACCINES WERE ADMINISTERED OPERATION ACCESS IS A NON-PROFIT ORGANIZAT ION THAT RECRUITS PHYSICIAN VOLUNTEERS AND HOSPITALS TO PROVIDE AMBULATORY SURGERIES FOR I NDIVIDUALS WHO REQUIRE PROCEDURES NOT COVERED BY INSURANCE NOVATO COMMUNITY HOSPITAL PROV IDES ITS SURGERY SERVICES DEPARTMENT, INCLUDING THE SURGERY SUITES AND STAFF, FOR THESE SU RGERIES IN 2014, TWO PATIENTS RECEIVED SURGERY FREE OF CHARGE AT NOVATO COMMUNITY HOSPITA L A LEADING CAUSE OF STROKE IS AN UNHEALTHY LIFESTYLE AND IN RESPONSE TO THIS HEALTH NEED , NOVATO COMMUNITY HOSPITAL PROVIDES A FREE EDUCATION PROGRAM TAUGHT BY A REGISTERED NURSE FOR THE COMMUNITY CLASSES ARE HELD AT SENIOR CENTERS AND OTHER COMMUNITY GATHERING PLACE S THE CLASSES DISCUSS HOW UNHEALTHY EATING AND LACK OF EXERCISE CAN LEAD TO HIGH BLOOD PR ESSURE, DIABETES, HEART DISEASE AND STROKE PARTICIPANTS RECEIVE SAMPLE DIETS, EXERCISES, AND LEARN HOW TO RECOGNIZE THE SYMPTOMS OF A STROKE 1040 PEOPLE RECEIVED INFORMATION FROM AN RN ABOUT STROKE PREVENTION IN 2014 SUTTER LAKESIDE HOSPITAL SLH PROVIDES A FOOD BANK DONATION SITE LOCATED IN THE HOSPITAL'S FRONT LOBBY COLLECTIONS ARE DELIVERED TO LOCAL F OOD BANK 1200 POUNDS OF FOOD WAS DONATED IN 2014 SUTTER LAKESIDE HOSPITAL HAS A STROKE S UPPORT GROUP THAT HELPS IMPROVE THE EMOTIONAL HEALTH AND WELL-BEING OF STROKE SUFFERERS I N 2014, MONTHLY MEETINGS WERE HELD FOR COMMUNITY MEMBERS OF LAKE COUNTY THE GROUPS ALLOWE D STROKE SURVIVORS AND THEIR FAMILIES TO NETWORK WITH OTHER INDIVIDUALS AND BUILD UPON SHA RED EXPERIENCES, DISCUSS CHALLENGES AND PROBLEM SOLVE SUTTER LAKESIDE HOSPITAL SUPPORTS S EVERAL LOCAL COMMUNITY PROGRAMS THAT AID THE UNDERSERVED COMMUNITY SUCH AS THE LAKE COUNTY HUNGER TASK FORCE, THE LAKE FAMILY RESOURCE CENTER, AND THE LAKE FAMILY RESOURCE CENTER SUTTER SANTA ROSA REGIONAL HOSPITAL THE 2013-2015 IMPLEMENTATION STRATEGY FOR SUTTER SANT A ROSA REGIONAL HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENT IFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A F EW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW A SURVEY OF THE RESIDENTS' PATI ENTS AT THE COMMUNITY HEALTH CENTER PARTNER REVEALED THAT MORE THAN 60% OF THEIR PATIENTS EXPERIENCE REGULAR FOOD INSECURITY AND OFTEN NEED TO MAKE UNHEALTHY FOOD CHOICES BASED ON AFFORDABILITY, OR DON'T EAT AT ALL IN RESPONSE TO THIS HEALTH NEED, SUTTER SANTA ROSA REG IONAL HOSPITAL ENTERED INTO A PARTNERSHIP WITH THE REDWOOD EMPIRE FOOD BANK TO BE A FOOD D ROP-OFF LOCATION EACH MONDAY, PATIENTS OF THE VISTA CLINIC ARE INVITED TO COME AND PICK U P ONE BOX OF HEALTHY, FRESH FOOD FOR THEIR FAMILIES PATIENTS ARE ALSO EDUCATED ABOUT OTHE R FOOD PROGRAMS AND FOOD STAMP EXCHANGES AT FARMER

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 (CONTINUED)	S MARKETS IN THE BEGINNING OF 2014, 70 FAMILIES RECEIVED FOOD BUT WITH INCREASED AWARENE SS AND EDUCATION, 120 FAMILIES/PATIENTS OF THE RESIDENCY REQUESTED TO PICK UP FRESH FOOD E ACH WEEK SUTTER SANTA ROSA REGIONAL HOSPITAL SPONSORS A THREE-YEAR TRAINING PROGRAM FOR M EDICAL SCHOOL GRADUATES DESIRING TO BE PRIMARY CARE DOCTORS THE TRAINING IS PROVIDED BY S UTTER PHYSICIANS WHO ARE ALSO ADJUNCT PROFESSORS WITH OUR PARTNER, THE UCSF MEDICAL SCHOOL RESIDENTS ARE TRAINED IN THE HOSPITAL AND IN THE CLINIC SETTING BY CARING FOR PATIENTS U NDER THE CLINICAL SUPERVISION OF FACULTY SUTTER HAS BEEN SPONSORING THE PROGRAM SINCE 199 6 BUT IT HAS EXISTED IN OUR COMMUNITY FOR MORE THAN 40 YEARS FUELING THE PRIMARY CARE PIP ELINE IN SONOMA COUNTY IS VITAL TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY THE COST OF LIVING IS QUITE HIGH AND WITHOUT THIS PROGRAM, IT WOULD BE VERY DIFFICULT TO RECRUIT FAMI LY PHYSICIANS TO THE AREA THE IMPACT OF THE SANTA ROSA FAMILY MEDICINE PROGRAM CAN BE MEA SURED IN MANY MULTI-FACTORIAL WAYS BUT IN TERMS OF INCREASING ACCESS TO PRIMARY CARE IN OU R COMMUNITY, THE TWO BIGGEST WAYS OF MEASURING IMPACT ARE IN THE NUMBERS OF PATIENTS SEEN BY THE RESIDENTS (PRIMARILY LOW-INCOME) AND IN THE NUMBER OF GRADUATES WHO STAY AND PRACTI CE IN SONOMA COUNTY FOLLOWING GRADUATION IN 2014, 6 OUT OF 12 GRADUATES ARE PRACTICING IN SONOMA COUNTY ADDITIONALLY, 4 OUT OF 6 GRADUATES ARE PRACTICING EXCLUSIVELY AT LOCAL FED ERALLY QUALIFIED HEALTH CENTERS (FQHC) THE SANTA ROSA FAMILY MEDICINE RESIDENCY PROGRAM P ARTNERS WITH REDWOOD COALITION FOR HEALTH CARE, TO STAFF THEIR SANTA ROSA COMMUNITY HEALTH CENTER VISTA CLINIC WITH 36 FAMILY MEDICINE RESIDENTS, SUPERVISED BY FACULTY PHYSICIANS THIS PARTNERSHIP ESSENTIALLY OFFERS FREE PHYSICIAN STAFFING TO A CLINIC THAT WOULD OTHERWI SE HAVE TO HIRE STAFF PHYSICIANS, PROVIDING A SIGNIFICANTLY INCREASED CAPACITY THAT THE CL INIC WOULD NOT BE ABLE TO SUSTAIN ON ITS OWN 21,987 PATIENT VISITS OCCURRED IN 2014 THROU GH THIS PARTNERSHIP, INCLUDING AN APPROXIMATE $1 4 MILLION SAVING TO THE FQHC IN PHYSICIAN SALARY THE HOMELESS YOUTH MOBILE VAN IS A PARTNERSHIP BETWEEN THE SANTA ROSA FAMILY MEDI CINE RESIDENCY, SANTA ROSA COMMUNITY HEALTH CENTERS AND SOCIAL ADVOCATES FOR YOUTH (SAY) ONCE PER MONTH, TWO TO THREE RESIDENT PHYSICIANS, A VOLUNTEER COMMUNITY PRECEPTOR, A MEDIC AL ASSISTANT AND AN HIV TESTING AND OUTREACH WORKER GO TO THE SHELTER RUN BY SAY IN A VAN EQUIPPED WITH TWO TREATMENT ROOMS AND MEDICAL SUPPLIES WE OFFER BASIC URGENT CARE SERVICE S, SUCH AS TREATMENT OF SKIN INFECTIONS AND RASHES, ASSESSMENTS OF WOUNDS AND ABRASIONS, G ENERAL HEALTH SCREENING, HIV TESTING, REFERRALS FOR FULL STD TESTING, FAMILY PLANNING SERV ICES, TESTING AND TREATMENT OF URINARY TRACT INFECTIONS, SCREENING FOR DIABETES, ETC WHEN WE CANNOT TREAT PATIENTS AT THE VAN WE REFER THEM TO BROOKWOOD HEALTH CENTER FOR MORE COM PREHENSIVE CARE WE ALSO OFFER INITIAL MENTAL HEALTH CONSULTATIONS AND HAVE EVEN SEEN PATI ENTS FOR PRENATAL AND POSTPARTUM VISITS IN ADDITION TO THESE SERVICES, WE SPEND TIME HANG ING OUT WITH THE YOUTH AND WORKING TO BUILD RAPPORT AND A LONGER PARTNERSHIP IN ADDITION, OUR HIV OUTREACH TEAM OFFERS RAPID TESTING AND OUR MEDICAL ASSISTANT ENROLLS PATIENTS IN MEDICAL FAMILY PLANNING ACCESS CARE AND TREATMENT PROGRAMS (FPACT) AND PROVIDES INFORMATIO N ON MEDI-CAL IN 2014, THE MOBILE CLINIC PROVIDED 40 MEDICAL VISITS AND 13 VACCINATIONS (TDAP AND INFLUENZA) SERVICES PROVIDED AT THE MOBILE VAN INCLUDED FAMILY PLANNING/SEXUAL H EALTH, MENTAL HEALTH, ASTHMA/RESPIRATORY CARE, MUSCULOSKELATAL AND SKIN CONCERNS THE SONO MA COUNTY TASK FORCE ON THE HOMELESS CONVENED A WORK GROUP IN 2010 FOR THE COORDINATION OF HEALTH CARE SERVICES FOR HOMELESS PEOPLE IN OUR COMMUNITY ALL OF THE HOSPITALS SEE A HIG H PERCENTAGE OF HOMELESS PEOPLE IN THE ED AND IN THE HOSPITAL BED PROVIDING GOOD TRANSITI ONS OF CARE FOR THIS POPULATION IS VERY CHALLENGING THE GROUP WORKS TO DEVELOP PROCESSES AND "WRAP AROUND" SERVICES WITH THE GOAL

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM SUTTER WEST BAY HOSPITALS ARE AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF HOSPITALS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO CARE FOR PEOPLE WHO LIVE IN MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS THE HOSPITAL'S MISSION IS TO ENHANCE THE WELL-BEING OF THE PEOPLE IN OUR COMMUNITIES THROUGH COMPASSION, EXCELLENCE AND INNOVATION IN HEALTH CARE SERVICES, RESEARCH AND EDUCATION OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED NEARLY $4 BILLION TO CARE FOR PATIENTS WHO COULDN'T AFFORD TO PAY, AND TO SUPPORT PROGRAMS THAT IMPROVE COMMUNITY HEALTH OUR 2014 COMMITMENT OF $767 MILLION INCLUDES UNREIMBURSED COSTS OF PROVIDING CARE TO MEDI-CAL PATIENTS, TRADITIONAL CHARITY CARE AND INVESTMENTS IN HEALTH EDUCATION AND PUBLIC BENEFIT PROGRAMS FOR EXAMPLE - TO PROVIDE CARE TO MEDI-CAL PATIENTS IN 2014, SUTTER HEALTH INVESTED $535 MILLION MORE THAN THE STATE PAID SUTTER HEALTH HOSPITALS PROUDLY SERVE MORE MEDI-CAL PATIENTS IN OUR NORTHERN CALIFORNIA SERVICE AREA THAN ANY OTHER HEALTH CARE PROVIDER - IN 2014, SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS WAS $91 MILLION OUR CHARITY CARE INVESTMENT REPRESENTED AN AVERAGE OF NEARLY $1 8 MILLION PER WEEK - THROUGHOUT OUR HEALTH CARE SYSTEM, WE PARTNER WITH AND SUPPORT COMMUNITY HEALTH CENTERS TO ENSURE THAT THOSE IN NEED HAVE ACCESS TO PRIMARY AND SPECIALTY CARE WE ALSO SUPPORT CHILDREN'S HEALTH CENTERS, FOOD BANKS, YOUTH EDUCATION, JOB TRAINING PROGRAMS AND SERVICES THAT PROVIDE COUNSELING TO DOMESTIC VIOLENCE VICTIMS EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESSES REAL COMMUNITY NEEDS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY A	SCHEDULE H, PART V, LINE 5 CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTER ESTS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) IN CONDUCTING ITS MOST RECENT CHNA, CALIFORNIA PACIFIC MEDICAL CENTER, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAK E INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN TH E HOSPITAL'S SERVICE AREA THE COMMUNITY BENEFIT PARTNERSHIP WORKED COLLECTIVELY TO IDENTI FY THE COMMUNITY'S HEALTH NEEDS AND TO DEVELOP THE CHNA REPORT IN COLLABORATION WITH ACAD EMIC PARTNERS, THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AS WELL AS THE BROADER SAN FR ANCISCO COMMUNITY, THE COMMUNITY BENEFIT PARTNERSHIP BUILT ON THE STRONG FOUNDATION OF YEA RS WORKING ON THE PAST TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AN OUTGROWTH OF THE B UILDING A HEALTHIER SAN FRANCISCO (BHSF) NEEDS ASSESSMENT PROCESS AND THE CHARITY CARE PRO JECT (CCP), THE COMMUNITY BENEFIT PARTNERSHIP SEEKS TO HARNESS THE COMBINED ENERGY AND RES OURCES OF SAN FRANCISCO'S PRIVATE NONPROFIT HOSPITALS, CITY DEPARTMENTS (PUBLIC HEALTH AND HUMAN SERVICES), COMMUNITY CLINICS, HEALTH PLANS, NONPROFIT PROVIDERS AND ADVOCACY GROUPS TO IMPROVE THE HEALTH STATUS OF SAN FRANCISCO RESIDENTS THE COMMUNITY BENEFIT PARTNERSHI P WAS CONCEIVED IN 1999 TO COLLABORATIVELY IDENTIFY COMMUNITY HEALTH NEEDS AND SUPPORT COO RDINATED DECISION-MAKING TO ADDRESS THE NEEDS IT IS WITH THIS SAME DETERMINATION THAT THE PARTNERS UNDERTOOK A COMMUNITY ORIENTED PROCESS - IN ALIGNMENT WITH THE VALUES EXPRESSED BY THE NEIGHBORHOOD RESIDENTS - FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT DURING 2012, A NUMBER OF OTHER COMMUNITY-BASED NEEDS ASSESSMENTS WERE UNDERWAY AT THE SAME TIME AS THE CH NA IN ORDER TO REDUCE DUPLICATION OF EFFORT, LEVERAGE RESOURCES, AND RESPECT COMMUNITY ME MBERS' TIME COMMITMENT TO THE PROCESS, THE CHNA PROCESS WAS COMBINED WITH THE DEPARTMENT O F PUBLIC HEALTH'S PROCESS TO COMPLETE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND ITS C OMMUNITY HEALTH ASSESSMENT (CHA) THIS COMBINATION OF EFFORTS BROUGHT TOGETHER A NUMBER OF ADDITIONAL PARTNERS THAT ENRICHED THE INPUT THROUGH A VARIETY OF PERSPECTIVES AND CONTRIB UTIONS TO THE PROCESS SPECIFICALLY, THE COLLABORATING ORGANIZATIONS AND INDIVIDUALS INCLU DED - HOSPITAL AND ACADEMIC PARTNERS, WHO CONTINUED TO PARTNER WITH San Francisco Departm ent of Public Health (SFDPH) ON SAN FRANCISCO'S CHA/CHIP LEADERSHIP COUNCIL, WHICH HAS GUI DED THE DEVELOPMENT AND WILL GUIDE THE IMPLEMENTATION OF SAN FRANCISCO'S CHIP - COMMUNITY STAKEHOLDERS - INCLUDING REPRESENTATIVES FROM SAN FRANCISCO'S NONPROFIT HOSPITALS, ACADEM IC INSTITUTIONS, HEALTH PLANS, THE AFRICAN AMERICAN HEALTH DISPARITIES PROJECT, SAN FRANCI SCO HUMAN SERVICES AGENCY, AND SFDPH - COMMUNITY RESIDENTS AND MEMBERS OF THE LOCAL PUBLI C HEALTH SYSTEM - INCLUDING REPRESENTATIVES FROM K-12 EDUCATION, HIGHER EDUCATION, PHILANT HROPY, NONPROFIT AGENCIES, MINORITY HEALTH EQUITY COALITIONS, GOVERNMENT (INCLUDING THE SA N FRANCISCO MAYOR'S OFFICE AND HEALTH COMMISSION), HOSPITALS, AND MORE - HEALTH CONTENT E XPERTS ENGAGED WITH SFDPH AS WELL AS ITS HOSPITAL AND ACADEMIC PARTNERS TO REFINE PRIORITY GOALS, OBJECTIVES, MEASURES, AND STRATEGIES THAT HAVE COME TO FORM THE CURRENT CHIP A NU MBER OF CONSULTING FIRMS AND CONSULTANTS WERE INVOLVED THROUGHOUT THIS PROCESS, INCLUDING 1) HEARTBEETS, FOR COMMUNITY ENGAGEMENT, 2) CIRCLE POINT, FOR ONGOING COMMUNICATION WITH STAKEHOLDERS, 3) HARDER+COMPANY, FOR DATA COLLECTION AND ANALYSIS, AND 4) NANCY SHEMICK, M PA, FOR MEETING FACILITATION AND REPORT-WRITING A COMPREHENSIVE LISTING OF THE MEETING AT TENDEES AND INVITEES ARE AVAILABLE IN CPMC'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITY BENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LINE 6A & 6B CHNA HOSPITAL CO LLABORATORS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) A COMPLETE LISTING OF HOSPITALS AND PARTNERS WHO COLLABORATED ON THE CHNA IS AVAILABLE FOR DOWNLOAD AT HTTP //WW W SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, L INE 7A, 7B, 10A CHNA AVAILABILITY ONLINE CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GRO UP A) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW CPMC ORG/ABOUT/COMMUNITY/ - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H , PART V, LINE 11 CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) The following sig nificant health needs were identified in the 2013 Community Health Needs Assessment and ar e needs that CPMC intends to address through its implementation strategy Increase access to high-quality health care and services - Access to comprehensive, high-quality health ca re and other services is essential in preventing illness, promoting wellness, and fosterin g vibrant communities This priority strives to bridge existing gaps in health care access due to low income, language/literacy barriers or lack of cultural competency of service providers, lack of insurance or providers not acce

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY A	pting coverage such as Medi-Cal because of low reimbursement rates Increase healthy eatin g and physical activity - Science links health conditions such as heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet and getting regular ex ercise This priority strives to demonstrate the link between diet, inactivity, and chroni c disease and to help San Francisco create environments that make healthy choices easier Disparities exist due to socioeconomic and environmental factors such as affordability and accessibility of healthy food options, and neighborhood safety when engaging in exercise Obesity risk also varies according to different racial/ethnic groups Ensure safe and hea lthy living environments - This priority highlights the need for health and wellness-orien ted land use planning, meaningful opportunities for outdoor recreation, and a positive bui lt environment for the health of all individuals and communities It seeks to address disp arities in access to parks, public transit, grocery stores with healthier food choices, an d other resources that benefit health and wellness Certain neighborhoods and racial/ethni c groups - often poor communities of color - are more impacted by crime and violence, and are closer to fast food and alcohol outlets, freeways, industrial pollutants, and other fa ctors that contribute to high rates of disease, death, injury, and violence Descriptions of the community benefit programs that address these significant health needs can be found in Part VI SCHEDULE H, PART V, LINE 13H ELIGIBILITY CRITERIA - OTHER CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) ADDITIONAL FACTORS USED IN DETERMINING AMOUNTS CHARGE D TO PATIENTS INCLUDES HOUSEHOLD SIZE, WHICH IS PART OF THE FEDERAL POVERTY GUIDELINES SC HEDULE H, PART V, LINE 16I MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL'S FACILITY'S WEBSITE, WAS ATTACHED TO BILLING INVOICES, WAS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY/WAITING ROOM, WAS POSTED IN THE HOSPITAL'S ADMISSIONS OFFICE, WAS PROVIDED IN WRITING ON ADMISSION TO THE HOSPITAL, AND W AS AVAILABLE ON REQUEST PATIENTS ELIGIBLE FOR CHARITY CARE ARE TRACKED IN THE HOSPITAL'S LEGACY SYSTEM AND ARE REMINDED 30 DAYS AFTER CHARITY CARE PACKET IS RECEIVED IF PAPERWORK HAS NOT BEEN SUBMITTED ORGANIZATION USES AN INCOME VALIDATION TOOL TO ALERT PATIENTS THAT THEY MAY BE ELIGIBLE FOR CHARITY CARE SCHEDULE H, PART V, LINE 22D AMOUNTS CHARGED TO FA P-ELIGIBLE INDIVIDUALS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) THE ORGANIZ ATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR DIFFERENT LEVELS OF ASSISTANCE FOR PATIEN TS BASED ON VARIOUS ELIGIBILITY REQUIREMENTS INCLUDING, BUT NOT LIMITED TO (1) FULL CHARIT Y CARE, (2) SPECIAL CIRCUMSTANCES CHARITY CARE, (3) CATASTROPHIC CHARITY CARE, (4) HIGH CO ST MEDICAL CHARITY CARE, (5) UNINSURED PATIENT DISCOUNT, AND (6) PROMPT PAYMENT DISCOUNT THE MAXIMUM AMOUNT BILLED TO THE PATIENT IS CALCULATED DIFFERENTLY DEPENDING ON THE CATEGO RY OF FINANCIAL ASSISTANCE FOR WHICH THEY ARE ELIGIBLE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #6, NOVATO COMMUNITY HOSPITAL	SCHEDULE H, PART V, LINE 5 NOVATO COMMUNITY HOSPITAL (Hospital Facility #6) IN CONDUCTING ITS MOST RECENT CHNA, NOVATO COMMUNITY HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNI TY IN THE HOSPITAL'S SERVICE AREA THE THREE MARIN COUNTY NOT-FOR-PROFIT HOSPITALS (MARIN G ENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL, AND KAISER PERMANENTE) WORKED TOGETHER WITH TH E HEALTHY MARIN PARTNERSHIP (HMP) TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONSULTANTS FOR THE 2013 CHNA INCLUDED - HUMAN IMPACT PARTNERS - ROCHELLE EREMAN, MS, M PH, MARIN HEALTH AND HUMAN SERVICES DEPARTMENT EPIDEMIOLOGIST - ABINADER GROUP - CO HERNND EZ, MFT - LYNN H BASKETT, MBA - WESTED INDIVIDUALS WITH SPECIAL KNOWLEDGE OF, OR EXPERTIS E IN, PUBLIC HEALTH THAT PROVIDED INPUT INCLUDED - LARRY MEREDITH, PHD, DIRECTOR, MARIN C OUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - ROCHELLE EREMAN, MS, MPH, COMMUNITY EPIDEMIOL OGY CHIEF, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - JENNIFER REINKS, PH D , FAC ULTY, FAMILY HEALTH OUTCOMES PROJECT, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - TOM PETERS , PH D , PRESIDENT, MARIN COMMUNITY FOUNDATION AND FORMER DIRECTOR, MARIN COUNTY HEALTH AN D HUMAN SERVICES DEPARTMENT - MATHEW WILLIS, MD, MPH, MARIN COUNTY HEALTH AND HUMAN SERVIC ES DEPARTMENT, PUBLIC HEALTH OFFICER - D J PIERCE, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT, CHIEF OF DIVISION OF ALCOHOL, TOBACCO & OTHER DRUGS THESE PUBLIC HEALTH EXPER TS PARTICIPATED IN KEY INFORMANT INTERVIEWS LARRY MEREDITH, PHD, JENNIFER REINKS, PHD, AN D MATHEW WILLIS, M D ALSO PARTICIPATED IN THE HMP-COORDINATED COMMUNITY CONVENING AND MS EREMAN WAS A CONSULTANT TO THE CHNA WORK GROUP AND PROCESS FROM APRIL 23, 2012 TO JUNE 1 1, 2012 SELMA ABINADER OF ABINADER GROUP CONDUCTED 25 PHONE INTERVIEWS OF STAKEHOLDERS SEL ECTED BY HMP LEADERSHIP STAKEHOLDERS WERE HMP LEADERSHIP AND REPRESENTATIVES FROM HOSPITA L AND HEALTH ORGANIZATIONS, PUBLIC HEALTH EXPERTS, FUNDING INSTITUTIONS, GOVERNMENT, BUSIN ESS, EDUCATION, AND COMMUNITY BASED AGENCIES KEY INFORMANTS, COMMUNITY PHYSICIANS AND THO SE PARTICIPATING IN THE HMP-COORDINATED COMMUNITY CONVENING INCLUDED 44 MARIN COUNTY RESID ENTS AND LEADERS REPRESENTING KEY POPULATIONS (MEDICALLY-UNDERSERVED, LOW-INCOME, MINORITY AND CHRONIC DISEASE) FOCUS GROUPS WERE CONDUCTED BETWEEN APRIL 16 AND MAY 9, 2012 BY THE COUNTY OF MARIN DEPARTMENT OF HEALTH AND HUMAN SERVICES THEY WERE HELD IN MARIN CITY, NO VATO, CANAL, SAN GERONIMO, WEST MARIN, WHISTLESTOP AND THE YOUTH LEADERSHIP INSTITUTE A T OTAL OF 103 ENGLISH AND 50 SPANISH RESPONSES WERE OBTAINED FOCUS GROUP PARTICIPANTS WERE SURVEYED ABOUT - IMPORTANT HEALTH ISSUES THEY, THEIR FAMILIES, AND THEIR COMMUNITIES FACE D - WHAT THEY SAW AS HEALTHY AND UNHEALTHY ABOUT THEIR COMMUNITIES - WHAT THEY WOULD CHANG E TO MAKE THEIR COMMUNITIES HEALTHIER ADDITIONAL DETAILS ON KEY INFORMANTS, COLLABORATIVE PARTNERS AND FOCUS GROUPS CAN BE FOUND IN NOVATO COMMUNITY HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LIN E 6A & 6B NOVATO COMMUNITY HOSPITAL (Hospital Facility #6) THE THREE MARIN COUNTY NOT-FOR -PROFIT HOSPITALS, MARIN GENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL, AND KAISER PERMANENT E, WORKED TOGETHER WITH THE HEALTHY MARIN PARTNERSHIP TO COMPLETE THE CHNA SCHEDULE H, PA RT V, LINE 7A, 7B, 10A CHNA AVAILABILITY ONLINE NOVATO COMMUNITY HOSPITAL (Hospital Facil ity #6) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW NOVATOCOMMUNITY ORG/ABOUT/COMMUNITY_BEN EFITS HTML - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-A SSESSMENT HT ML SCHEDULE H, PART V, LINE 11 NOVATO COMMUNITY HOSPITAL (Hospital Facility # 6) The following significant health needs were identified in the 2013 Community Health Ne eds Assessment and are needs that Novato Community Hospital intends to address through its implementation strategy Access to primary and specialty care - Although access to health care as measured by health insurance is relatively high in Marin, there are significant g eographies where residents lack insurance and obtaining timely and effective screening and treatment is lacking Limitations on access affect participation in screenings and treatm ent of early diagnosis for cancer, heart disease, asthma, mental health, substance abuse, and diabetes Healthy eating and active living - Eating healthy foods and engaging in an a ctive lifestyle are determinants of health for diabetes, cancer, heart disease, and mental health Social supports (including family and community support systems) - These systems and services directly affect mental health, substance abuse, access to health care, and fa lls Mental health - A greater percentage of Marin adults report poor mental health and hi gher suicide rates than California and Healthy people 2020 Descriptions of the community benefit programs that address these significant he

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #6, NOVATO COMMUNITY HOSPITAL	alth needs can be found in Part VI, along with other critical efforts on behalf of Novato Community Hospital SCHEDULE H, PART V, LINE 13H ELIGIBILITY CRITERIA - OTHER NOVATO COMM UNITY HOSPITAL (Hospital Facility #6) ADDITIONAL FACTORS USED IN DETERMINING AMOUNTS CHAR GED TO PATIENTS INCLUDES HOUSEHOLD SIZE, WHICH IS PART OF THE FEDERAL POVERTY GUIDELINES SCHEDULE H, PART V, LINE 16I MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANC E POLICY NOVATO COMMUNITY HOSPITAL (Hospital Facility #6) A SUMMARY OF THE FINANCIAL ASS ISTANCE POLICY WAS POSTED ON THE HOSPITAL'S FACILITY'S WEBSITE, WAS ATTACHED TO BILLING IN VOICES, WAS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY/WAITING ROOM, WAS POSTED IN THE HO SPITAL'S ADMISSIONS OFFICE, WAS PROVIDED IN WRITING ON ADMISSION TO THE HOSPITAL, AND WAS AVAILABLE ON REQUEST PATIENTS ELIGIBLE FOR CHARITY CARE ARE TRACKED IN THE HOSPITAL'S LEG ACY SYSTEM AND ARE REMINDED 30 DAYS AFTER CHARITY CARE PACKET IS RECEIVED IF PAPERWORK HAS NOT BEEN SUBMITTED ORGANIZATION USES AN INCOME VALIDATION TOOL TO ALERT PATIENTS THAT TH EY MAY BE ELIGIBLE FOR CHARITY CARE SCHEDULE H, PART V, LINE 22D AMOUNTS CHARGED TO FAP-E LIGIBLE INDIVIDUALS NOVATO COMMUNITY HOSPITAL (Hospital Facility #6) THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR DIFFERENT LEVELS OF ASSISTANCE FOR PATIENTS BASED ON VARIOUS ELIGIBILITY REQUIREMENTS INCLUDING, BUT NOT LIMITED TO (1) FULL CHARITY CARE, (2) SPECIAL CIRCUMSTANCES CHARITY CARE, (3) CATASTROPHIC CHARITY CARE, (4) HIGH COST MEDIC AL CHARITY CARE, (5) UNINSURED PATIENT DISCOUNT, AND (6) PROMPT PAYMENT DISCOUNT THE MAXI MUM AMOUNT BILLED TO THE PATIENT IS CALCULATED DIFFERENTLY DEPENDING ON THE CATEGORY OF FI NANCIAL ASSISTANCE FOR WHICH THEY ARE ELIGIBLE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #7, SUTTER LAKESIDE HOSPITAL	SCHEDULE H, PART V, LINE 5 SUTTER LAKESIDE HOSPITAL (Hospital Facility #7) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER LAKESIDE HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, D ID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA THREE PRIMARY METHODS OF COLLECTING INPUT FROM THE COMMUN ITY WERE USED IN THE ASSESSMENT - COMMUNITY SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVI EWS KEY INFORMANT INTERVIEWS TELEPHONE INTERVIEWS USING A STRUCTURED SET OF QUESTIONS (W ITH ADDITIONAL, PERSONALIZED QUESTIONS TO OBTAIN MORE IN-DEPTH INFORMATION) WERE CONDUCTED WITH 16 INDIVIDUALS WHOSE PERCEPTIONS AND EXPERIENCE WERE INTENDED TO INFORM THE ASSESSME NT THE INTERVIEWS PROVIDED AN INFORMED PERSPECTIVE FROM THOSE WORKING DIRECTLY WITH THE P UBLIC, INCREASED AWARENESS ABOUT AGENCIES AND SERVICES, OFFERED INPUT ABOUT GAPS AND POSSI BLE DUPLICATION IN SERVICES, AND SOLICITED IDEAS ABOUT RECOMMENDED STRATEGIES AND SOLUTION S THE INTERVIEWS ALSO FOCUSED THE NEEDS ASSESSMENT ON PARTICULAR ISSUES OF CONCERN WHERE INDIVIDUALS WITH CERTAIN EXPERTISE COULD CONFIRM OR DISPUTE PATTERNS IN THE DATA AND IDENT IFY DATA AND OTHER STUDIES THE COLLABORATIVE MIGHT NOT OTHERWISE BE AWARE OF KEY INFORMAN TS INTERVIEWED INCLUDE THE FOLLOWING - DAVID SANTOS, VICE PRESIDENT OF OPERATIONS, ST HE LENA HOSPITAL CLEAR LAKE - DENISE RUSHING, SUPERVISOR, LAKE COUNTY BOARD OF SUPERVISORS - DENNIS FAY, EXECUTIVE DIRECTOR, COMMUNITY CARE MANAGEMENT CORPORATION - DIANE PEGE, MD, VI CE PRESIDENT, MEDICAL AFFAIRS, SUTTER LAKESIDE HOSPITAL - KIMBERLY TANGERMANN, MANAGER, LI VE WELL & KONOCTI WELLNESS CENTER, ST HELENA HOSPITAL CLEAR LAKE - LINDA MORRIS, DEPUTY D IRECTOR, CLINICAL SERVICES, LAKE COUNTY BEHAVIORAL HEALTH DEPARTMENT - LYN SCURI, HEALTH P LANNER, PARTNERSHIP HEALTH PLAN - MARK BUEHNERKEMPER, OPTOMETRIST, LAKE COUNTY RESIDENT - MERYL FEATHERSTONE, TRIBAL HEALTH - MONTE WINTERS, SPRING VALLEY RESIDENT - ROB BROWN, SUP ERVISOR, LAKE COUNTY BOARD OF SUPERVISORS - ROBERT GARDNER, M D , MEDICAL DIRECTOR, LUCERN E COMMUNITY CLINIC - SIRI NELSON, CHIEF EXECUTIVE OFFICER, SUTTER LAKESIDE HOSPITAL - STEP HANIE LILLY, DIRECTOR OF PROGRAMS, LAKE FAMILY RESOURCE CENTER - TERESA CAMPBELL, CHIEF NU RSING EXECUTIVE, SUTTER LAKESIDE HOSPITAL - WALLY HOLBROOK, SUPERINTENDENT OF SCHOOLS, LAK E COUNTY OFFICE OF EDUCATION - BOB PENNY, LAKE COUNTY VETERAN'S SERVICES - MARTA FULLER, D ENTAL DISEASE PREVENTION, LAKE COUNTY PUBLIC HEALTH DEPARTMENT - SHERYLIN TAYLOR, LAKE COU NTY PUBLIC HEALTH DEPARTMENT THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS I N SUTTER LAKESIDE HOSPITAL'S CHNA ARE AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBE NEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LINE 6A & 6B SUTTER LAKESIDE HO SPITAL (Hospital Facility #7) THE COLLABORATIVE INCLUDED THE TWO LAKE COUNTY HOSPITALS, S T HELENA CLEAR LAKE AND SUTTER LAKESIDE SCHEDULE H, PART V, LINE 7A, 7B, 10A CHNA AVAILA BILITY ONLINE SUTTER LAKESIDE HOSPITAL (Hospital Facility #7) - HOSPITAL FACILITY'S WEBS ITE HTTP //WWW SUTTERLAKESIDE ORG/ABOUT/ - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COM MUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LINE 11 SUTTER LAKESIDE HOSPITALS (Hospital Facility #7) The following significant health needs were identified in the 2013 Community Health Needs Assessment are needs that Sutter Lakeside Hospital inte nds to address through its implementation strategy -Risk factors and implications from to bacco use, high blood pressure, physical inactivity and obesity, -Lack of access to commun ity-based mental health services, and -High rates of alcohol and drug use Descriptions of the community benefit programs that address these significant health needs can be found i n Part VI, along with additional efforts on behalf of Sutter Coast Hospital SCHEDULE H, P ART V, LINE 13H ELIGIBILITY CRITERIA - OTHER SUTTER LAKESIDE HOSPITAL (Hospital Facility #7) ADDITIONAL FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDES HOUSEHOLD SIZE, WHICH IS PART OF THE FEDERAL POVERTY GUIDELINES SCHEDULE H, PART V, LINE 16I MEASU RES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY SUTTER LAKESIDE HOSPITAL (Hospital Facility #7) A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HO SPITAL'S FACILITY'S WEBSITE, WAS ATTACHED TO BILLING INVOICES, WAS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY/WAITING ROOM, WAS POSTED IN THE HOSPITAL'S ADMISSIONS OFFICE, WAS PRO VIDED IN WRITING ON ADMISSION TO THE HOSPITAL, AND WAS AVAILABLE ON REQUEST PATIENTS ELIG IBLE FOR CHARITY CARE ARE TRACKED IN THE HOSPITAL'S LEGACY SYSTEM AND ARE REMINDED 30 DAYS AFTER CHARITY CARE PACKET IS RECEIVED IF PAPERWORK HAS NOT BEEN SUBMITTED ORGANIZATION U SES AN INCOME VALIDATION TOOL TO ALERT PATIENTS THAT THEY MAY BE ELIGIBLE FOR CHARITY CARE SCHEDULE H, PART V, LINE 22D AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS SUTTER LAKESID E HOSPITAL (Hospital Facility #7) THE ORGANIZATIO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #7, SUTTER LAKESIDE HOSPITAL	N'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR DIFFERENT LEVELS OF ASSISTANCE FOR PATIENTS B ASED ON VARIOUS ELIGIBILITY REQUIREMENTS INCLUDING, BUT NOT LIMITED TO (1) FULL CHARITY CA RE, (2) PARTIAL CHARITY CARE, (3) SPECIAL CIRCUMSTANCES CHARITY CARE, (4) CATASTROPHIC CHA RITY CARE, (5) HIGH COST MEDICAL CHARITY CARE, (6) UNINSURED PATIENT DISCOUNT, AND (7) PRO MPT PAYMENT DISCOUNT THE MAXIMUM AMOUNT BILLED TO THE PATIENT IS CALCULATED DIFFERENTLY D EPENDING ON THE CATEGORY OF FINANCIAL ASSISTANCE FOR WHICH THEY ARE ELIGIBLE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #8, SUTTER SANTA ROSA REGIONAL HOSPITAL	SCHEDULE H, PART V, LINE 5 SUTTER SANTA ROSA REGIONAL HOSPITAL (Hospital Facility #8) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SANTA ROSA REGIONAL HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTE RESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA KEY INFORMANT INTERVIEWS ARE IN-DEP TH EXPLORATIONS OF ISSUES OR CONCERNS THE PURPOSE OF KEY INFORMANT INTERVIEWS IS TO COLLE CT INFORMATION FROM A RANGE OF LEADERS WHO HAVE FIRST-HAND KNOWLEDGE ABOUT THE COMMUNITY THIS TECHNIQUE IS A QUALITATIVE PROCESS THAT CONCENTRATES ON REVEALING UNDERLYING REASONIN G THESE COMMUNITY EXPERTS, WITH THEIR PARTICULAR KNOWLEDGE AND UNDERSTANDING, PROVIDE IMP ORTANT INSIGHTS ON THE NATURE OF COMMUNITY HEALTH ISSUES BABS KAVANAUGH AND BARBARA GRAVE S, CONSULTANTS, CONDUCTED EIGHTEEN KEY INFORMANT INTERVIEWS WITH INDIVIDUALS SELECTED BECA USE OF THEIR EXPERTISE AND LEADERSHIP IN HEALTH AND SOCIAL SERVICES IN SONOMA COUNTY THE PURPOSE OF THE INTERVIEWS WAS TO EXPLORE ISSUES THAT ARE IMPACTING THE HEALTH OF RESIDENTS IN SONOMA COUNTY, TO IDENTIFY THOSE POPULATIONS MOST AFFECTED BY THESE ISSUES AND TO GATH ER INPUT ABOUT SYSTEM CHANGES AND PREVENTION APPROACHES THAT COULD HAVE POSITIVE IMPACT ON THESE ISSUES ALL PARTICIPANTS RECEIVED THE SAME SET OF QUESTIONS IN ADVANCE OF THE INTER VIEWS IN AN EFFORT TO GATHER DIVERSE POINTS OF VIEW THOSE INTERVIEWED REPRESENTED THE FOL LOWING SECTORS, SERVICES, ORGANIZATIONS AND AGENCIES - HEALTH AND HUMAN SERVICES (6) - HO SPITALS (3) - SONOMA COUNTY SCHOOLS (1) - ORAL HEALTH SERVICES (1) - COMMUNITY HEALTH CENT ERS (4) - COMMUNITY BASED ORGANIZATIONS (1) - HEALTH INSURANCE PLANS (1) - ECONOMIC DEVELO PMENT (1) KEY INFORMANTS INTERVIEWED INCLUDE - RITA SCARDACI, DIRECTOR, DEPARTMENT OF HEA LTH SERVICES - ELIZABETH CHICOINE, DIRECTOR OF PUBLIC HEALTH NURSING, DEPT OF HEALTH SERVI CES, PUBLIC HEALTH DIVISION - MARK NETHERDA, MD, SC DEPUTY PUBLIC HEALTH OFFICER AND LYNN SILVER OF THE DEPARTMENT OF HEALTH SERVICES - ELLEN BAUER, HEALTH ACTION PROGRAM MANAGER, DEPT OF HEALTH SERVICES, PUBLIC HEALTH DIVISION - MIKE KENNEDY, MH/AODS DIRECTOR, DEPT OF HEALTH SERVICES, MENTAL HEALTH DIVISION - DIANE KALJIAN, DIRECTOR, DEPT OF HUMAN SERVICES, ADULT AND AGING DIVISION - KIRK PAPPAS, MD, KAISER PERMANENTE MEDICAL CENTER, SANTA ROSA - BILL CARROLL, CHIEF MEDICAL OFFICER, SUTTER SANTA ROSA REGIONAL HOSPITAL - GARY GREENSWE IG, CHIEF MEDICAL OFFICER, ST JOSEPH HEALTH SYSTEM, SONOMA COUNTY - MARY MADDUX-GONZALEZ, MD, EXECUTIVE DIRECTOR, REDWOOD COMMUNITY HEALTH COALITION - MOLIN MALICAY, CHIEF EXECUTIV E OFFICER, SONOMA COUNTY INDIAN HEALTH PROJECT - FRANCISCO TRILLA, MD, CHIEF MEDICAL OFFIC ER, SANTA ROSA COMMUNITY HEALTH CENTER - KATHIE POWELL, EXECUTIVE DIRECTOR, PETALUMA HEALT H CENTER - MICHAEL SPEILMAN, DRUG ABUSE ALTERNATIVE CENTER - BOB MOORE, MEDICAL DIRECTOR, PARTNERSHIP HEALTH PLAN OF CALIFORNIA - LYNN GARRIC, SCOE - SAFE SCHOOL PROJECT DIRECTOR - SUSAN COOPER, DDS, SONOMA COUNTY ORAL HEALTH ACCESS COALITION - BEN STONE, ECONOMIC DEVEL OPMENT BOARD THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER SANTA R OSA REGIONAL HOSPITAL'S CHNA ARE AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT /COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LINE 6A & 6B SUTTER SANTA ROSA REGIO NAL HOSPITAL (Hospital Facility #8) SUTTER SANTA ROSA REGIONAL HOSPITAL, IN COLLABORATION WITH LOCAL PARTNERS KAISER PERMANENTE, ST JOSEPH'S HEALTH SYSTEM AND THE SONOMA COUNTY D EPARTMENT OF HEALTH SERVICES CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013 SCHEDULE H, PART V, LINE 7A, 7B, 10A CHNA AVAILABILITY ONLINE SUTTER SANTA ROSA REGIONAL HOSPITAL (Hospital Facility #8) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW SUTTERSANTAROS A ORG/RELATIONS/COMMUNITY_BENEFITS HTML - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMU NITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SCHEDULE H, PART V, LINE 11 SUTTER SANTA ROSA REGIONAL HOSPITAL (Hospital Facility #8) The following significant health needs were ide ntified in the 2013 Community Health Needs Assessment and are needs that Sutter Santa Rosa Regional Hospital intends to address through its implementation strategy Healthy eating and physical fitness - Poor nutrition and lack of physical activity are driving a national and local obesity epidemic and are contribution to increasing rates of chronic disease, d isability and premature mortality in Sonoma County Low-income children and families are e specially at risk when they reside in neighborhoods that offer few options to obtain healt hy, nutritious food or engage safely in physical activity Expansion of current efforts in schools and communities to improve nutrition and fitness among youth and adults can help to reduce the growing burden of disease Gaps in access to primary care - Strong primary c are systems are associated with improved health outcomes and reduced health care costs Wh ile most Sonoma County residents have a regular so

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING FACILITY #8, SUTTER SANTA ROSA REGIONAL HOSPITAL	urce of care and can access health care when they need it, too many do not Those who are uninsured, low-income, or are members of racial and ethnic minorities are less likely to h ave an ongoing source of care and more likely to defer needed care, medicines and diagnost ics, often at the cost of unnecessary suffering and poor health outcomes Increasing acces s to affordable, prevention-focused primary care can help to eliminate health disparities and promote health and well-being Access to Services for Substance Use Disorders - Treatm ent works Early screening, intervention and appropriate treatment for harmful substance u se and addiction behaviors are critical to intervening with teens, pregnant women and othe rs who can benefit from treatment Unfortunately, despite increasing levels of addiction, access to substance abuse treatment in Sonoma County is severely limited for low-income in dividuals without health care coverage Insuring timely access to culturally competent sub stance abuse treatment, tailored to the specific needs of those seeking help, can break th e cycle of addiction and benefit individuals, families and the community Access to Mental Health Services - Many mental health problems can be effectively treated and managed with access to assessment, early detection, and links to ongoing treatment and supports In So noma County, however, many low income individuals with mental health concerns do not have access to the treatment they need Insufficient private insurance coverage for mental heal th services and insufficient availability of publicly-funded treatment services are signif icant barriers for many Limited integration of mental health services within the health c are system also leads to missed opportunities for early problem identification and prevent ion Cardiovascular Disease - Cardiovascular disease is the third leading cause of death f or people ages 18 - 59 in Sonoma County For residents, age 60 and older, coronary heart d isease and stroke are the second and third most common cause of death, behind cancer Majo r behavioral contributors to cardiovascular disease include tobacco use, physical inactivi ty, unhealthy diet and harmful use of alcohol Education and prevention efforts targeting these "lifestyle" choices and behaviors should be expanded along with continued emphasis o n early detection and management of chronic disease Access to Health Care Coverage - Ensu ring access to affordable, quality health care services is important to protecting both in dividual and population health, eliminating health disparities and promoting overall quali ty of life in the community For uninsured people, the cost of both routine and emergency care can be financially devastating Individuals without health care insurance coverage ma y defer needed care, diagnostics and medicines for themselves and their families and may, as a result, experience higher rates of preventable illness, suffering, disability and mor tality than those who have insurance While a significant portion of Sonoma County's unins ured population will be eligible for more affordable health care coverage under the Afford able Care Act, financial barriers may still exist for low-wage earners who are unable to m eet premium requirements And, undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable Coordination and Integration of Local Health Care System - Integration of health care services may take a variety of forms, but essentially consists of the coordination of care to reduce fragme ntation and unnecessary use of services, prevent avoidable conditions, and promote indepen dence and self-care The ability of care providers to effectively develop and use Electron ic Medical Records will be critical to the coordination and integration of care The Affor dable Care Act expands health care coverage options for more Sonoma County residents To m aximize resources and provide high quali

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
CALIFORNIA PACIFIC MEDICAL CENTER 1625 VAN NESS AVENUE SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 1580 VALENCIA STREET SUITE 440 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET SUITE 106 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 101 NORTH EL CAMINO SUITE 1 SAN MATEO,CA 94402	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SUTTER MED CTR SANTA ROSA-PERINATAL CTR 3327 CHANATE ROAD SANTA ROSA,CA 95404	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SMC SANTA ROSA-SPORTS & ORTHOPEDIC REHAB 4729 HORN AVENUE SUITE A SANTA ROSA,CA 95405	OUTPATIENT SERVICES - CHILD DEVELOPMENT
TERRA LINDA HEALTH PLAZA 4000 CIVIC CENTER DRIVE SAN RAFAEL,CA 94903	OUTPATIENT SERVICES - CHILD DEVELOPMENT
PHYSICAL THERAPY & SPORT FITNESS 100 ROWLAND WAY NOVATO,CA 94945	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET SUITE 114A SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 600 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 5TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET SUITE 103 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 150 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SUTTER LAKESIDE FAMILY MEDICAL CLINIC 5176 HILL ROAD EAST LAKEPORT,CA 95453	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SUTTER LAKESIDE OUTPATIENT DRAW STATION 5132 HILL ROAD EAST LAKEPORT,CA 95453	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SUTTER LAKESIDE UPPER LAKE COMM CLINIC 750 OLD LUCERNE ROAD UPPER LAKE,CA 95485	OUTPATIENT SERVICES - CHILD DEVELOPMENT
DIAGNOSTIC CENTER 165 ROWLAND WAY NAVATO,CA 94945	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SURGERY TRANSFUSION SERVICES 180 ROWLAND WAY NOVATO,CA 94945	OUTPATIENT SERVICES - CHILD DEVELOPMENT
IMAGING SERVICES 1375 SUTTER STREET SAN FRANCISCO,CA 94119	OUTPATIENT SERVICES - CHILD DEVELOPMENT
SAN FRANCISCO ENDOSCOPY CENTER 3468 CALIFORNIA STREET SAN FRANCISCO,CA 94118	OUTPATIENT SERVICES - CHILD DEVELOPMENT
PRESIDIO SURGERY CENTER 1635 DIVISADERA STREET SUITE 200 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC ADVANCED IMAGING 504 REDWOOD BLVD 300 NOVATO,CA 94949	OUTPATIENT SERVICES - CHILD DEVELOPMENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 39

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS COMMUNITY HEALTH PROGRAM GRANTEES SIGN A CONTRACT WITH AFFILIATE OUTLINING TERMS AND CONDITIONS OF RECEIVING GRANT FUNDS SPECIFYING OBJECTIVES AND OUTCOMES EACH AGENCY RECEIVING THE COMMUNITY HEALTH GRANTS ARE REQUIRED TO PREPARE AND SUBMIT OUTCOME-BASED REPORTS AT SIX-MONTHS AND TWELVE-MONTHS AGENCIES RECEIVING SPONSORSHIP FUNDS GO THROUGH A DIFFERENT PROCESS, THEY ARE REQUESTED TO PROVIDE THE PURPOSE OF THE EVENT PRIOR TO SPONSORSHIP AS WELL AS A BRIEF SUMMARY OF THE OUTCOMES OF EVENT SOON AFTER THE EVENT

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH OF MARKET HEALTH CENTER229 7TH ST SAN FRANCISCO,CA 94103	23-7304921	501(C)(3)	825,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PATIENT ASSISTANCE FOUNDATION2100 WEBSTER ST STE 100 SAN FRANCISCO,CA 94115	94-2944137	501(C)(3)	503,050				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER FOR YOUTH WELLNESS3450 THIRD ST STE 2A SAN FRANCISCO,CA 94124	45-2527627	501(C)(3)	205,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHERN CALIFORNIA CENTER FOR WELL BEING 365 TESCONI CIR STE B SANTA ROSA,CA 95401	93-1144835	501(C)(3)	140,584				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PORTOLA FAMILY CONNECTIONS2565 SAN BRUNO AVE SAN FRANCISCO,CA 94134	94-3213689	501(C)(3)	55,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YEAR UP INC93 SUMMER ST BOSTON,MA 02110	04-3534407	501(C)(3)	43,853				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH EAST MEDICAL SERVICE1520 STOCKTON ST SAN FRANCISCO,CA 94133	94-1722562	501(C)(3)	35,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO CHILD ABUSE PREVENTION CTR 1757 WALLER ST SAN FRANCISCO,CA 94117	94-2455072	501(C)(3)	30,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ICA SAN FRANCISCO WORK STUDY3625 24TH ST SAN FRANCISCO,CA 94131	26-4450576	501(C)(3)	30,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TIDES CENTERBODY POSITIVEPO BOX 29907 SAN FRANCISCO,CA 941290907	94-3213100	501(C)(3)	25,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMBULATORY SURGERY ACCESS COALITION115 SANSOME ST STE 1205 SAN FRANCISCO,CA 94104	94-3180356	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
APA FAMILY SUPPORT SERVICES10 NOTTINGHAM PL SAN FRANCISCO,CA 94133	94-3164091	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASIAN & PACIFIC ISLANDER WELLNESS CENTER730 POLK ST 4TH FL SAN FRANCISCO,CA 94109	94-3096109	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIMOCHI INC1715 BUCHANAN ST SAN FRANCISCO,CA 94115	23-7117402	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LATINA BREAST CANCER AGENCY4271 MISSION ST 2ND FL SAN FRANCISCO,CA 94112	01-0628124	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO LGBT COMMUNITY CENTER1800 MARKET ST SAN FRANCISCO,CA 94102	94-3236718	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHANTI PROJECT730 POLK ST 3RD FL SAN FRANCISCO,CA 94109	94-2297147	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIN COMMUNITY FOUNDATION10 NO SAN PEDRO RD STE 1012 SAN RAFAEL,CA 94903	94-3007979	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RICHMOND AREA MULTI SERVICES639 14TH AVE SAN FRANCISCO,CA 94118	23-7389436	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAITRI COMPASSIONATE CARE401 DUBOCE AVE SAN FRANCISCO,CA 94117	94-3189198	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION NEIGHBORHOOD CENTER362 CAPP ST SAN FRANCISCO,CA 94110	94-1408150	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO PLANNING & URBAN RSRCH ASSOC654 MISSION ST SAN FRANCISCO,CA 94105	94-1498232	501(C)(3)	18,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EPISCOPAL COMMUNITY SERVICES SAN FRANCISCO165 8TH ST 3RD FL SAN FRANCISCO,CA 94103	94-3096716	501(C)(3)	16,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASIAN WEEK FOUNDATION 564 MARKET ST SAN FRANCISCO,CA 94104	20-1719535	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SELF-HELP FOR THE ELDERLY731 SANSOME ST STE 100 SAN FRANCISCO,CA 94111	94-1750717	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO,CA 94102	23-7362588	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHINATOWN COMMUNITY DEVELOPMENT CENTER 1525 GRANT AVE SAN FRANCISCO,CA 94133	94-2514053	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIN SENIOR COORDINATING COUNCIL INC930 TAMALPAIS AVE SAN RAFAEL,CA 94901	94-1422463	501(C)(3)	13,162				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ON LOK INC1333 BUSH ST SAN FRANCISCO,CA 94109	95-3101464	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM1550 BRYANT ST STE 450 SAN FRANCISCO,CA 94103	94-2897258	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONARD HOUSE INC1385 MISSION ST STE 200 SAN FRANCISCO,CA 94103	94-1489356	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLIDE FOUNDATION330 ELLIS ST SAN FRANCISCO,CA 94102	94-1156481	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIN COMMUNITY CLINICPO BOX 760 LARKSPUR,CA 949770760	94-2237120	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROTA CARE BAY AREA INC PO BOX 6461 SAN RAFAEL,CA 94903	77-0328723	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS CAPITALPO BOX 142 YUBA CITY,CA 95992	53-0196605	501(C)(3)	9,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP MARIN650 LAS GALLINAS AVE SAN RAFAEL,CA 94903	68-0101012	501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUM MOON RESIDENCE HALL940 WASHINGTON ST SAN FRANCISCO,CA 94108	94-1156357	501(C)(3)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TO CELEBRATE LIFE BREASTPO BOX 511 KENTFIELD,CA 94914	94-3323358	501(C)(3)	7,250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSN OF SAN FRANCISCO 1670 SO AMPHLITT BLVD SAN MATEO,CA 94407	94-0997140	501(C)(3)	6,200				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to 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*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS TAX INDEMNIFICATION STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES AND TAXED ACCORDINGLY
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403B EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS ADDITIONALLY, QUALIFIED PLAN BENEFITS CAPS HAVE THE EFFECT OF SUBSTANTIALLY REDUCING RETIREMENT BENEFITS THAT ARE OTHERWISE PROVIDED TO ALL EMPLOYEES THE EFFECT IS THAT EXECUTIVES OFTEN DO NOT RECEIVE THE SAME LEVEL OF RETIREMENT BENEFIT ON AN INCOME REPLACEMENT BASIS AS OTHER EMPLOYEES TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS DESCRIBED ABOVE, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES THE FORMULA HAS TWO PARTS (1) 4% TO 7% OF BASE SALARY (COMMENSURATE WITH MANAGEMENT LEVEL), PLUS (2) A CONTRIBUTION STARTING AT 5% (BASED UPON TENURE) FOR EARNINGS BEYOND THE PENSION PAY CAP THE LATTER OF WHICH IS DESIGNED TO HELP RESTORE LOST PENSION BENEFITS FORFEITED UNDER THE QUALIFIED PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22 5 YEARS OF SERVICE TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22 5 AT AGE 65 SPOT AWARDS SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 10% OF GROSS ANNUAL SALARY ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD UP TO 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE UNLIKE SUTTER HEALTH'S QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% OF GROSS PAY ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD +/- 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE LONG TERM PERFORMANCE PLANS SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS INDIVIDUAL EFFORTS THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED PRIOR TO PAYMENT BY THE COMPENSATION COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 ANN BARR, REGIONAL CIO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	305,569	192,192	611	68,221	15,018	581,611	0
1 MARTIN BROTMAN MD, SVP, SH	(I)	0	0	0	0	0	0	0
	(II)	516,884	372,679	103,282	74,699	16,320	1,083,864	87,587
2 WARREN BROWNER MD, CEO, SAN FRANCISCO HOSPITALS	(I)	0	0	0	0	0	0	0
	(II)	582,032	298,640	83,842	348,386	19,586	1,332,486	0
3 MICHAEL COHILL, REGIONAL PRESIDENT, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	759,301	933,166	199,303	269,054	23,542	2,184,366	132,919
4 GRANT DAVIES, EXECUTIVE VP, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	557,288	319,488	75,539	160,585	20,636	1,133,536	46,957
5 MICHAEL DUNCHEON, VP, REG COUNSEL, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	366,803	222,860	32,311	74,321	12,872	709,167	23,207
6 PATRICK FRY, PRESIDENT & CEO, SH	(I)	0	0	0	0	0	0	0
	(II)	1,523,132	1,687,050	416,185	2,693,377	34,953	6,354,697	396,136
7 JOHN GATES, REG CFO & VP FINANCE, EB & WB	(I)	0	0	0	0	0	0	0
	(II)	604,705	303,767	150,021	128,539	18,040	1,205,072	51,581
8 MARK KIMBELL, CPMC FOUNDATION DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	214,786	144,990	176,559	27,499	13,028	576,862	120,168
9 SARAH KREVANS, COO, SUTTER HEALTH	(I)	0	0	0	0	0	0	0
	(II)	916,159	689,878	156,449	399,554	24,683	2,186,723	142,787
10 HON-WAI LAM, REGIONAL VP & CMO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	430,687	167,608	340	92,251	7,125	698,011	0
11 MICHAEL PURVIS, CAO, SMCSR	(I)	0	0	0	0	0	0	0
	(II)	331,706	187,321	25,837	84,465	15,120	644,449	19,525
12 CHRISTOPHER WILLRICH, REG VP, STRATEGY WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	318,015	170,193	24,812	68,721	15,063	596,804	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2007A	52-1643828	13033fq37	05-01-2007	790,998,316	Construct & Equip Facility		X		X		X
B	CHFFA 2008A	52-1643828	13033fel3	05-14-2008	329,041,638	Construct & Refunding 07, 04 & 02		X		X		X
C	CHFFA 2011D	52-1643828	13033lvw4	12-22-2011	331,759,643	Construct & Refunding Pre 1/1/13		X		X		X
D	CHFFA 2013A	52-1643828	13033lw52	04-24-2013	187,683,000	Construct & Equip Facility		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	104,255,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	858,694,930	329,041,638	334,684,174	496,712,142
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	55,398,317	0	0	0
6	Proceeds in refunding escrows	0	0	65,070,000	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	783,091,871	0	145,589,174	450,364,483
11	Other spent proceeds	20,057,199	329,041,638	124,025,000	0
12	Other unspent proceeds	147,543	0	0	46,347,659
13	Year of substantial completion	2011		2014	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 570 %		1 020 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 070 %		0 %		0 %	
6	Total of lines 4 and 5	0 570 %		1 090 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X		X	
b	Exception to rebate?				X		X		X
c	No rebate due?				X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET AND PART VI HEREIN WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E)	THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF $165,813,667 FROM THE 2007A ISSUE, $55,943,275 FROM THE 2008A ISSUE, $47,567,042 FROM THE 2011D ISSUE AND $187,683,000 FROM THE 2013A ISSUE SCHEDULE K, PART I, LINE B, COLUMN (F)(CHFFA 2008A) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007 ISSUE THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, AND 1991 SCHEDULE K, PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS SCHEDULE K, PART III THE CHFFA 2013A BONDS ARE "NEW MONEY" BONDS FOR CONSTRUCTION NOT YET COMPLETED

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ $			

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDREE S HEST	SEE PART V	195,685	SEE PART V		No
(2) RUTH M LINCOLN	SEE PART V	64,052	SEE PART V		No
(3) ANTHONY WAGNER	SEE PART V	57,570	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DEBORAH WYATT, TRUSTEE, ANTHONY WAGNER, TRUSTEE, AND TOM LINCOLN, TRUSTEE OF SUTTER WEST BAY HOSPITALS (SWBH) EACH HAVE A FAMILY MEMBER WHO WORKS FOR SWBH

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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
SUTTER WEST BAY HOSPITALS	94-0562680

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS GENERAL DESCRIPTION SUTTER WEST BAY HOSPITALS (SWBH) WAS FORM ED JANUARY 1, 2010 IT CONSISTS OF FOUR HOSPITALS CALIFORNIA PACIFIC MEDICAL CENTER, NOVA TO COMMUNITY HOSPITAL, SUTTER SANTA ROSA REGIONAL HOSPITAL, AND LAKESIDE HOSPITAL THERE W ERE A TOTAL OF 219,078 PATIENT DAYS FOR 2014 CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NOT-FOR-PROFIT, TEACHING MEDICAL CENTERS IN C ALIFORNIA CPMC IS A TERTIARY REFERRAL CENTER PROVIDING ACCESS TO LEADING EDGE MEDICINE WH ILE DELIVERING THE BEST POSSIBLE PERSONALIZED CARE IT PROVIDES A WIDE VARIETY OF SERVICES , INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, HOSPICE SERVICES, PREVENTIVE A ND COMPLEMENTARY CARE, AND HEALTH EDUCATION CPMC IS COMPRISED OF THE FOUR OLDEST HOSPITAL S IN SAN FRANCISCO THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SAN FRANCISCO'S GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLOTHING AND HEALTH CARE THE PACIFIC CAMPUS WAS FOUNDED IN 1857 AND WAS THE FIRST MEDICAL SCHOOL IN T HE AMERICAN WEST THE CALIFORNIA CAMPUS WAS FOUNDED IN 1875 AS THE PACIFIC DISPENSARY FOR WOMEN AND CHILDREN, A HOSPITAL RUN BY WOMEN, FOR WOMEN FINALLY, THE ST LUKE'S CAMPUS FOR MED IN 1870'S HAS BEEN PROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 1 40 YEARS TOGETHER THE DAVIES, CALIFORNIA, PACIFIC AND ST LUKE'S CAMPUSES COMPRISE CPMC'S 1,154 LICENSED BEDS NOVATO COMMUNITY HOSPITAL (NOVATO) HAS SERVED THE NORTHERN MARIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961 IN 1985, THE HOSPITAL BECAME AN AFFILIATE OF SUTT ER THE NOVATO FACILITY IS LOCATED AT 180 ROWLAND WAY AND IS A 47-BED ACUTE CARE HOSPITAL NOTED FOR ITS ORTHOPEDIC SURGERY PROGRAM SUTTER SANTA ROSA REGIONAL HOSPITAL (SSRRH) HAS A LONG HISTORY IN SONOMA COUNTY DATING BACK TO 1866 WHEN THE FIRST HOSPITAL OPENED IN 199 6, SSRRH BECAME AN AFFILIATE OF SUTTER HEALTH A NEW STATE-OF-THE ART MEDICAL FACILITY OPE NED WITH A NEW NAME IN OCTOBER 2014 WITH A FULL RANGE OF FIVE-STAR PERSONALIZED CARE SERVI CES THE HOSPITAL WAS RELOCATED TO 30 MARK WEST SPRINGS ROAD, SANTA ROSA, CA SUTTER LAKES IDE HOSPITAL (LAKESIDE) IS A 25-BED CRITICAL ACCESS HOSPITAL AND IS ONE OF ONLY TWO HOSPIT ALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUNTY IN 1992, THE HOSPITAL AFFILIATED WITH SUTTER HEALTH LAKESIDE PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE A ND OUTPATIENT HOSPITAL CARE, SURGICAL SERVICES, PREVENTIVE CARE, AND HEALTH EDUCATION SWB H CARED FOR NEARLY 645 ADULT & PEDIATRIC INPATIENTS A DAY, ITS SEVEN EMERGENCY ROOMS ATTRA CTED 385 VISITS A DAY, AND ALMOST 70 SURGERIES PER DAY WERE PERFORMED IN ITS FACILITIES S EE ADDITIONAL DETAIL BELOW ON PATIENT ACTIVITY BY LOCATION SWBH 2014 PATIENT ACTIVITY TOT AL ER VISITS 139,854 ACUTE DISCHARGES (INCL PSYCH, REHAB) 37,894 SNF/ALZHEIMER/SUB ACUTE DISCHARGES 1,570 TOTAL DISCHARGES 39,464 DELIVERIES 7,871 TRANSPLANTS 290 SWBH CLINICAL PR OGRAMS INCLUDE - ASTHMA EDUCATION PROGRAM - BREAST FEEDING CENTERS - BREAST HEALTH CENTER S - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANCER RECOVERY PROGRAMS - COMI NG HOME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY HEALTH RESOURCE CENTER - COMPREHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRAM - END-STAGE ORGAN FAILU RE/TRANSPLANTATION PROGRAMS (HEART, KIDNEY, LIVER, PANCREAS) - FORBES NORRIS MDA/ALDS CENT ER - HAND CLINIC - HOSPITALIST PROGRAM - INSTITUTE FOR HEALTH AND HEALING - IRENE SWINDELL S ALZHEIMER'S RESIDENTIAL CARE CENTER - LION'S EYE CLINIC - LOW VISION REHABILITATION CENT ER - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFIC VISION FOUNDATION - PAL LIATIVE CARE PROGRAM - PEDIATRIC SPECIALTY SERVICES - REHABILITATION SERVICES (ACUTE AND O UTPATIENT) - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTITUTE (THEY ARE INDEPENDEN T OF CPMC) - SUB-ACUTE CARE PROGRAM - TELEMEDICINE SERVICE (STROKE) - VISITING NURSES AND HOSPICE OF SAN FRANCISCO - WHITNEY NEWBORN ICU FOLLOW-UP CLINIC - WOMEN'S HEALTH RESOURCE CENTER - WOMEN'S SERVICES CLINICAL SERVICE OFFERINGS INCLUDE - AIDS & HIV SERVICES - ALZ HEIMER'S - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVICES - CARDIOVASCULAR SERVI CES - CLINICAL LABORATORY - COMPLEMENTARY MEDICINE - COMPREHENSIVE STROKE SERVICES - CRITI CAL CARE SERVICES - DIABETES SERVICES (ADULT & PEDIATRIC) - DIAGNOSTIC SERVICES/LABORATORI ES - DIALYSIS SERVICES - EMERGENCY SERVICES - EPILEPSY - GASTROENTEROLOGY DISEASE SERVICES - HOME HEALTH & HOSPICE - INTERVENTIONAL ENDOSCOPY SERVICES - KALMONOVITZ CHILD DEVELOPME NT CENTERS - MEDICAL TRANSPORT SERVICES - MICROSURGERY AND LIMB SALVAGE SERVICES - NEONATA L INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOGY SURGERY - NUCLEAR MEDICINE - NUTRITION AND W EIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OPHTHALMOLOGY - ORGAN T RANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT CLINICS & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEPARTMENT - PEDIATRIC SERVI

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	FORM 990, PART III, LINE 4A	CES/PROGRAMS - PERIOPERATIVE SERVICES (OR AND POST-ANESTHESIA RECOVERY UNIT) - PHARMACY - PHYSICAL MEDICINE & REHABILITATION SERVICES - PSYCHIATRY - RADIOLOGY & DIAGNOSTIC IMAGING - RESPIRATORY CARE - RESIDENCY TRAINING AND FELLOWSHIP PROGRAMS - SURGICAL SERVICES/AMBULA TORY SURGERY - URGENT CARE CENTER - VENTRICULAR ASSIST DEVICE (VAD) PROGRAM - WOMEN'S HEAL TH PROGRAMS - WOUND CARE NON-CLINICAL SERVICES INCLUDE - ADMINISTRATIVE SERVICES - CHAPLA INCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING MEDIC AL EDUCATION - INTERPRETER SERVICES - PATIENT SERVICES - RESEARCH INSTITUTE - SURGICAL TRA INING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIFORNIA PACIFIC MEDICAL CENTER FOUNDA TION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - SUTTER LAKESIDE FOUNDATION

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	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED COMMUNITY BENEFITS THE FOUR MEDICAL CENTERS IN SUTT ER WEST BAY HOSPITALS (SWBH) PLAY INTEGRAL ROLES IN PROVIDING DIRECT HEALTH CARE SERVICES AS WELL AS MONETARY GRANTS OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMM UNITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNI TIES THE HOSPITALS' COMMUNITY BENEFIT REPRESENTATIVES WORK COLLABORATIVELY AND IN PARTNER SHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGE NCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BE NEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS WHILE SUTTER WEST BAY REGIONAL MANAGEME NT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE AFFILIATES MEDICAL CENTER ADMINI STRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED IN FISCAL YE AR 2014, SUTTER WEST BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF $138 9 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED $14 3 MILLION IN TRADITIONAL CHARITY C ARE, $105 8 MILLION IN THE UNPAID COSTS OF MEDICAID, $200K IN COSTS FOR OTHER MEANS-TESTED PROGRAMS, AND $18 6 MILLION IN OTHER BENEFITS FOR THE POOR AND UNDERSERVED IN ADDITION, SUTTER WEST BAY HOSPITALS PROVIDED AN ADDITIONAL $52 1 MILLION IN BENEFITS TO THE BROADER COMMUNITY, FOR A TOTAL OF $191 MILLION IN QUANTIFIABLE COMMUNITY BENEFIT IN ADDITION, THE FOLLOWING ARE HIGHLIGHTS BY HOSPITAL OF QUANTIFIABLE COMMUNITY BENEFITS CALIFORNIA PACIF IC MEDICAL CENTER (CPMC) IN 2014, CPMC PROVIDED $125 5 MILLION IN COST OF SERVICES AND BEN EFITS FOR THE POOR AND UNDERSERVED AND $37 8 MILLION IN BENEFITS TO THE BROADER COMMUNITY, FOR A TOTAL OF $163 3 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS CPMC SUSTAINS ROBUST ME DICAL, NURSING, AND ALLIED HEALTH PROFESSIONS RESIDENCY PROGRAMS AS WELL AS A RESEARCH INS TITUTE THAT PROVIDES SIGNIFICANT COMMUNITY BENEFIT CPMC IS A MEMBER OF THE SAN FRANCISCO CHARITY CARE PARTNERSHIP AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP) CONSORTI UMS LED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH THESE CONSORTIUMS CONSIST OF REP RESENTATIVES FROM ALL OF THE CITY'S HOSPITALS AND OTHER HEALTHCARE-RELATED NON-PROFIT STAK EHOLDERS CONSORTIUM MEMBERS CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT, AS REQUIRED BY THE STATE AND FEDERAL GOVERNMENTS, AND COORDINATE EFFORTS TO ADDRESS THE CITY'S HEALTH DISPARITIES IN SPECIFIC AT-RISK NEIGHBORHOODS OR VULNERABLE POPULATIONS THE 2013-2014 COM MUNITY NEEDS ASSESSMENT IDENTIFIED THREE COMMUNITY HEALTH PRIORITIES, THESE PRIORITIES GUI DE CPMC'S COMMUNITY BENEFITS STRATEGY 1 INCREASE ACCESS TO HIGH-QUALITY HEALTH CARE AND SERVICES - CPMC MANAGES OR FUNDS MANY PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, INCLUD ING THE FOLLOWING - ST LUKE'S HEALTH CARE CENTER (ADULT, PEDIATRIC, AND WOMEN'S CLINICS) - KALMANOVITZ CHILD DEVELOPMENT CENTER (COMPREHENSIVE DEVELOPMENTAL ASSESSMENT AND TREATM ENT PROGRAMS FOR INFANTS, PRESCHOOLERS, SCHOOL-AGE CHILDREN, AND FAMILIES) - BAYVIEW CHILD HEALTH CENTER (PRIMARY CARE FOR LOW-INCOME CHILDREN) - AFRICAN AMERICAN AND SISTER TO SIS TER BREAST HEALTH PROGRAMS, AND ST LUKE'S BREAST HEALTH PARTNERSHIPS (CANCER SCREENING AN D PREVENTION) - COMING HOME HOSPICE (24-HOUR CARE FOR TERMINALLY ILL CLIENTS AND THEIR FAM ILIES REGARDLESS OF ABILITY TO PAY) - JOINT VENTURE HEALTH (DEVELOPMENTAL SERVICES FOR CHI LDREN AT THE CLINICS WHERE THEY RECEIVE PRIMARY CARE, SUCH AS NORTH EAST MEDICAL SERVICES) - MANAGED MEDI-CAL PARTNERSHIP WITH NORTH EAST MEDICAL SERVICES (PROVIDE AND TAKE RISK FO R INPATIENT AND SELECT OUTPATIENT SERVICES FOR ALMOST 18,000 MEDI-CAL AND HEALTHY KIDS MEM BERS) - HEALTHY SAN FRANCISCO (PROVIDE FREE HOSPITALIZATION AND SELECT SPECIALTY CARE TO H SF PARTICIPANTS WHO ARE ENROLLED IN NORTH EAST MEDICAL SERVICES OR BROWN & TOLAND AS THEIR MEDICAL HOME) - LIONS EYE CLINIC (OUTPATIENT COMPLEX EYE SERVICES FOR LOW-INCOME INDIVIDU ALS) - OPERATION ACCESS (FREE DIAGNOSTIC SCREENINGS, SPECIALTY PROCEDURES, AND SURGICAL CA RE TO LOW-INCOME UNINSURED) - PROJECT HOMELESS CONNECT (MEDICAL AND SOCIAL SERVICES TO THE HOMELESS) 2 INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY - CPMC MANAGES OR FUNDS PROGRA MS THAT AIM TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY AMONG LOW-INCOME POPULATIONS, INCLUDING THE FOLLOWING - HEALTHFIRST A CENTER FOR PREVENTION AND EDUCATION (MANAGEMENT OF CHRONIC DISEASES SUCH AS DIABETES THROUGH NUTRITION EDUCATION AND LIFESTYLE CHANGES) - COMMUNITY-BASED SERVICES FOR YOUTH THAT FOCUS ON HEALTHY LIFESTYLES, SUCH AS BAYVIEW CHIL D HEALTH CENTER'S NUTRITION SERVICES, WILLIAM MCKINLEY ELEMENTARY SCHOOL'S NOON HOUR WELLN ESS PROGRAM, AND DE MARILLAC ACADEMY'S HEALTH CHAMPIONS PROGRAM 3 ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS - CPMC'S COMMUNITY HEALTH GRANTS AND SPONSORSHIPS PROVIDE PROGRAM SUP PORT TO ORGANIZATIONS THAT PROMOTE SAFE AND HEALTHY LIVING ENVIRONMENTS, INCLUDING THE FOL LOWING - APA FAMILY SUPPORT SERVICES (IN-HOME SUP

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	FORM 990, PART III, LINE 4A	PORT SERVICES TO ASIAN/PACIFIC ISLANDER CHILDREN AND FAMILIES) - THE CENTER FOR YOUTH WELL NESS (TRAUMA-INFORMED PEDIATRIC CARE THAT ADDRESSES THE ROOT CAUSES OF POOR HEALTH OUTCOME S FOR CHILDREN AND YOUTH IN HIGH-RISK COMMUNITIES) - CHINATOWN COMMUNITY DEVELOPMENT CENTE R (NEIGHBORHOOD ADVOCATES, COMMUNITY ORGANIZERS, PLANNERS, DEVELOPERS, AND MANAGERS OF AFF ORDABLE HOUSING) - SAN FRANCISCO CHILD ABUSE PREVENTION CENTER AND THE CHILD ADVOCACY CENT ER (SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES, EDUCATION FOR CHILDREN, CAREGIVERS AND S ERVICE PROVIDERS, AND ADVOCACY FOR SYSTEMS IMPROVEMENT AND COORDINATION) - KIMOCHI (JAPANE SE LANGUAGE-BASED SERVICES TO SENIORS, INCLUDING IN-HOME SUPPORT SERVICES, TRANSPORTATION, SOCIAL SERVICES, RESIDENT/RESPITE CARE, ADULT SOCIAL DAY CARE, AND MEALS PROGRAM) SUTTER SANTA ROSA REGIONAL HOSPITAL (SSRRH) SSRRH SERVES SONOMA COUNTY, AS WELL AS OTHER COUNTIES IN THE NORTH BAY IN 2014, SSRRH PROVIDED $19,998,815 MILLION IN QUANTIFIABLE COMMUNITY B ENEFITS AND CASH TO THE BROADER COMMUNITY COMMUNITY COLLABORATION SSRRH IS AN ACTIVE PART NER IN MANY INNOVATIVE AND IMPORTANT COMMUNITY COLLABORATIONS THAT SEEK TO DEVELOP ACTIONA BLE STRATEGIES IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY, PARTICULARLY AROUND ACCE SS TO HEALTH AND DENTAL CARE BELOW IS A PARTIAL LIST OF WORKGROUPS AND PROGRAMS - COVERE D SONOMA - SONOMA HEALTH ALLIANCE - HEALTH ACTION - FLUORIDE ADVISORY COUNCIL - DENTAL HEA LTH NETWORK - HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE - DRUG FREE BABIES - SONOMA COUN TY FLU CONSORTIUM - HEALTHCARE FOR THE HOMELESS TASKFORCE - NORTHERN CALIFORNIA CENTER FOR WELL BEING - AMERICAN HEART ASSOCIATION - MARCH OF DIMES - OPERATION ACCESS - ELSIE ALLEN HIGH SCHOOL COMPACT FOR SUCCESS FORMER WARRACK HOSPITAL DONATED TO SOCIAL ADVOCATES FOR Y OUTH (SAY) THE DONATION OF THE FORMER WARRACK HOSPITAL TO SOCIAL ADVOCATES FOR YOUTH (SAY) TO ADVANCE THEIR MISSION TO PROVIDE EDUCATION AND HOUSING FOR AT-RISK SONOMA COUNTY YOUTH WAS FINALIZED IN 2014 IN 2008, SUTTER MEDICAL CENTER OF SANTA ROSA'S WARRACK HOSPITAL BU ILDING WAS CLOSED TO CONSOLIDATE SERVICES AT THE CHANATE FACILITY THIS CLOSURE RENDERED T HE MAJORITY OF THE WEST SIDE OF THE BUILDING VACANT FOR THE PAST SEVERAL YEARS, SUTTER PA CIFIC MEDICAL FOUNDATION LAB, X-RAY AND THE INSTITUTE FOR HEALTH AND HEALING HAVE OCCUPIED THE EAST WING OF THE FORMER HOSPITAL AND WILL REMAIN IN OPERATION AS NEIGHBORS TO SAY LA TINO HEALTH FORUM THE HEALTH AND SOCIAL NEEDS OF THE LATINO COMMUNITY ARE ADDRESSED AT THE ANNUAL LATINO HEALTH FORUM WHICH IS PRESENTED BY FAMILY MEDICINE RESIDENTS AND FACULTY T HE 22ND ANNUAL FORUM SAW THE GREATEST ATTENDANCE IN THE FORUM'S HISTORY THIS CONFERENCE H AS BECOME KNOWN FOR ATTRACTING NATIONALLY RENOWNED KEYNOTE SPEAKERS AND FOR ITS RELEVANT A ND INNOVATE BREAKOUT SESSIONS THAT PROVIDE ATTENDEES WITH INFORMATION AND RESOURCES THEY C AN USE IN THEIR WORK WITH CLIENTS THE CONFERENCE TOPICS WERE BEHAVIORAL AND SPIRITUAL HEA LTH COMMUNITY BENEFIT IMPLEMENTATION PLAN UPDATES THE 2014-2018 IMPLEMENTATION PLANS (UND ER THE NEW FEDERAL GUIDELINES OF THE AFFORDABLE CARE ACT) WAS COMPLETED IN DECEMBER OF 201 3 THE PLAN AND 2014 UPDATES CAN BE FOUND AT WWW SUTTERSANTAROSA ORG/COMMUNITY NOVATO COM MUNITY HOSPITAL (NOVATO) NOVATO COMMUNITY HOSPITAL SERVES MARIN COUNTY, AS WELL AS PORTION S OF SOUTHERN SONOMA COUNTY IN 2014, NOVATO PROVIDED A TOTAL OF $303 THOUSAND IN QUANTIFI ABLE COMMUNITY BENEFITS AND CASH TO THE BROADER COMMUNITY NOVATO IS A MEMBER OF THE HEALT HY MARIN PARTNERSHIP A COLLABORATION OF THE THREE MARIN HOSPITALS - KAISER PERMANENTE SAN RAFAEL, MARIN GENERAL HOSPITAL, AND NOVATO COMMUNITY HOSPITAL THE GROUP WAS INITIALLY FOR MED 15 YEARS AGO TO RESPOND TO CALIFORNIA SB697, WHICH REQUIRES ALL NOT-FOR-PROFIT HOSPITA LS TO CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT 2012 WAS THE FIRST YEAR OF AN ACCOU NTABLE CARE ACT FEDERAL MANDATE THAT 501(C)3 HOSPITALS CONDUCT A TRI-ANNUAL COMMUNITY HEAL TH NEEDS ASSESSMENT NCH AGAIN WORKED WI

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	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED SUTTER LAKESIDE HOSPITAL (LAKESIDE) IN 2014, LAKESI DE PROVIDED A TOTAL OF OVER $7 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS AND CASH TO THE BROADER COMMUNITY THE POPULATION SERVED INCLUDES A HIGH PERCENTAGE OF FAMILIES WHOSE LOW INCOME AFFECTS THEIR ACCESS TO HEALTHCARE SUTTER LAKESIDE'S COMMUNITY BENEFITS STRATEGY I NCLUDES PREVENTIVE CARE, CLINICAL EDUCATION, AND SUBSIDIZING HEALTH SERVICES LAKESIDE PRE VENTIVE CARE INCLUDES THE SPONSORING AND FUNDING OF PROGRAMS THAT PROVIDE FREE OR LOW-COST PREVENTIVE CARE SCREENINGS AND TESTS, SUCH AS MAMMOGRAMS AND SEASONAL FLU VACCINATIONS L AKESIDE'S ROLE IN CLINICAL EDUCATION IS TO PROVIDE OPPORTUNITIES FOR STUDENTS FROM MULTIPL E CLINICAL PROGRAMS TO APPLY THEIR LEARNING UNDER THE GUIDANCE AND SUPERVISION OF LAKESIDE 'S STAFF FINALLY, LAKESIDE SUBSIDIZES THE OPERATING COSTS OF HEALTH SERVICES THAT ARE CRU CIAL TO THE HEALTH AND WELLBEING OF THE COMMUNITY, INCLUDING, EMERGENCY DEPARTMENT, RURAL HEALTH CLINIC, MOBILE HEALTH CLINIC, AND BIRTH CENTER CPMC RESEARCH INSTITUTE FOSTERING C LOSE COLLABORATIONS AMONG SCIENTISTS WITHIN THE SUTTER HEALTH SYSTEM AND AT PARTNERING INS TITUTIONS, THE CPMC RESEARCH INSTITUTE (CPMCRI) IS A UNIQUE CENTER FOR TRANSLATIONAL RESEA RCH OUR INVESTIGATORS TAKE A CROSS-DISCIPLINARY APPROACH TO DISCOVERY RESEARCH IN COMMON HUMAN ILLNESSES-TRANSFORMING LABORATORY FINDINGS INTO NEW DIAGNOSTICS, PERSONALIZED THERAP IES, AND SUCCESSFUL CLINICAL STUDIES OVER 80 CLINICAL INVESTIGATORS AT CPMC AND ACROSS TH E SUTTER WEST BAY AREA LEAD INNOVATIVE RESEARCH INTO COMMON, CHRONIC ILLNESSES THAT IMPACT MILLIONS OF AMERICANS OUR INVESTIGATORS MERGE RESEARCH INSTITUTE INTEREST WITH THE NEEDS OF OUR MEDICAL CENTERS, MAKING RESEARCH AN INTEGRAL FOUNDATION FOR IMPROVED PATIENT CARE RESEARCH IS CONDUCTED IN BOTH BASIC SCIENCE AND THE CLINICAL SETTING, INCLUDING MOLECULAR BIOLOGISTS, IMMUNOLOGISTS, PHARMACOLOGISTS, BIOCHEMISTS, PHYSICISTS, EPIDEMIOLOGISTS, BEH AVIORAL SCIENTISTS, BIOSTATISTICIANS, AND COMPUTER SCIENTISTS WORK WITHIN THE RESEARCH INS TITUTE AND THE MEDICAL CENTER INNOVATIVE BIOMEDICAL RESEARCH IS CONDUCTED IN SUCH DIVERSE AREAS AS AGING, ARTHRITIS, EPILEPSY, DIABETES, NEUROBIOLOGY OF PAIN, CARDIOVASCULAR DISEA SE, OSTEOPOROSIS, ORGAN TRANSPLANTATION, MECHANISMS OF DRUG ADDICTION, NEURODEGENERATIVE D ISEASES (E G AMYOTROPHIC LATERAL SCLEROSIS), CANCER, AIDS, HEPATITIS AND OTHER INFECTIOUS DISEASES SOME OF THESE SCIENTISTS ARE ENGAGED IN RESEARCH THAT WILL HELP US UNDERSTAND T HE FUNCTION OF CERTAIN HUMAN CELLS, GENES, PROTEINS AND OTHER FUNDAMENTAL STRUCTURES WITHI N OUR BODIES LARGE MULTI-CENTER STUDIES IN WOMEN'S HEALTH, AGING, COGNITIVE FUNCTION, CAR DIOVASCULAR DISEASE, BREAST CANCER PREVENTION, OSTEOPOROSIS, AND ARTHRITIS INITIATED AT CP MCRI IN PARTNERSHIP WITH THE SAN FRANCISCO COORDINATING CENTER HAVE SIGNIFICANTLY ADVANCED RESEARCH INTO COMMON, CHRONIC ILLNESSES OUR STUDIES ON LONGEVITY HAVE ACCUMULATED THE LA RGEST, RICHEST DATASETS ABOUT AGING IN THE U S LARGE-COHORT STUDIES IN OSTEOPOROSIS AND B REAST CANCER HAVE YIELDED SOME OF THE MOST POWERFUL DATASETS IN THE U S TO HELP IMPROVE T HE TREATMENT OF THESE ILLNESSES OVER 200 CLINICAL TRIALS, SPONSORED BY PHARMACEUTICAL, BI OTECHNOLOGY AND THE NATIONAL CANCER INSTITUTE, ARE CURRENTLY CONDUCTED AT THE MEDICAL CENT ER THROUGH THE CPMCRI OFFICE OF CLINICAL RESEARCH OUR SCIENTISTS RECEIVED MORE THAN $18 M ILLION IN RESEARCH FUNDING IN 2014 ONE OF OUR KEY PRIORITIES LIES IN TRAINING THE NEXT GE NERATION OF CLINICIANS- SCIENTISTS CPMCRI OFFERS RESOURCES FOR RESIDENTS AND FELLOWS AT C PMC WHO ARE MOTIVATED TO GAIN RESEARCH EXPERIENCE AND TRAINING, INCLUDING OPPORTUNITIES TO DESIGN AND CONDUCT THEIR OWN RESEARCH PROJECTS WITH CPMCRI CLINICAL AND BASIC SCIENCE RES EARCH FACULTY OUR BASIC SCIENCE DISCOVERY LABS ALSO OFFER POST-DOCTORAL FELLOWSHIP TRAINI NG, AND CAN PROVIDE A MENTORED RESEARCH EXPERIENCE FOR VOLUNTEERS WHO WISH TO PURSUE A CAR EER IN BASIC SCIENCE HEALTH EDUCATION AND TRAINING TWO OF THE FOUR SUTTER WEST BAY HOSPIT ALS HAVE FORMAL HEALTH EDUCATION AND TRAINING PROGRAMS SUTTER SANTA ROSA REGIONAL HOSPITA L ESTABLISHED ITS FAMILY MEDICINE TRAINING PROGRAM IN 1938 THE SANTA ROSA FAMILY MEDICINE RESIDENCY IS A CRITICAL STRATEGIC HEALTHCARE ASSET THAT ADDRESSES THE GROWING PHYSICIAN S HORTAGE IN SONOMA COUNTY THE RESIDENCY HAS BEEN THE LARGEST SINGLE SOURCE OF FAMILY PHYSI CIANS TO SONOMA COUNTY FOR OVER 80 YEARS, RESIDENCY GRADUATES COMPRISE NEARLY HALF OF FAMI LY PHYSICIANS IN SONOMA COUNTY RESIDENCY GRADUATES FILL POSITIONS IN PRIVATE PRACTICES, C OMMUNITY CLINICS, AND LARGE MEDICAL GROUPS SUCH AS SUTTER MEDICAL GROUP OF THE REDWOODS, T HE PERMANENTE MEDICAL GROUP, LOCAL COMMUNITY HEALTH CENTERS, AND SONOMA COUNTY HEALTH SERV ICES AND LEADERSHIP POSITIONS THROUGHOUT THE MEDICAL COMMUNITY THE THREE YEAR PROGRAM IS AFFILIATED WITH THE UCSF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE CALIFORNIA PACIFIC M EDICAL CENTER PROVIDES A MODEL OF SPECIALTY CARE B

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	FORM 990, PART III, LINE 4A	Y BLENDING EXCELLENCE IN ACADEMICS AND RESEARCH WITH A FOCUS ON PATIENT-CENTERED CARE. CPM C IS A MAJOR TEACHING AFFILIATE OF DARTMOUTH MEDICAL SCHOOL, PROVIDING CLERKSHIPS IN MEDIC INE, PSY CHIATRY, NEUROLOGY, PEDIATRICS AND OBSTETRICS-GY NECOLOGY. ADDITIONAL CLERKSHIPS (I N SURGERY AND OBSTETRICS-GY NECOLOGY) ARE PROVIDED FOR STUDENTS FROM UCSF. MEDICAL STUDENTS FROM OTHER PRESTIGIOUS SCHOOLS ON OCCASION ARE GRANTED CLERKSHIPS IN DEPARTMENTS WHICH SP ONSOR RESIDENCIES HERE. THE GRADUATE MEDICAL RESIDENCY TRAINING PROGRAMS OFFERED AT CPMC A RE OF THE HIGHEST CALIBER WITH CPMC'S PHY SICIANS EMBRACING THE ROLE OF EDUCATORS AS WELL A S CLINICIANS. RESIDENCIES EDUCATE PHY SICIANS IN SPECIFIC SPECIALTIES. CPMC HAS INDEPENDENT RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, PSY CHIATRY, RADIATION ONCOLOGY, O PHTHALMOLOGY, CARDIOVASCULAR DISEASES, GASTROENTEROLOGY, PULMONARY/CRITICAL CARE MEDICINE, HEPATOLOGY/TRANSPLANT, ENDOCRINOLOGY, HAND SURGERY, KIDNEY TRANSPLANT, NEUROCRITICAL CARE , MRL, RETINA, OCULOPLASTIC SURGERY, MELANOMA SURGERY, AND SHOULDER SURGERY. CPMC ALSO OFF ERS TRAINING IN SURGERY, ORTHOPEDIC SURGERY, AND PLASTIC SURGERY TO UCSF RESIDENTS. IN ADD ITION, CPMC IS A TRAINING SITE FOR OPERATING ROOM NURSING STUDENTS, OCCUPATIONAL THERAPIST S, PHY SICAL THERAPISTS AND SURGICAL TECHNOLOGISTS. IN ADDITION TO THE AFOREMENTIONED EDUCA TIONAL PROGRAMS FOR MEDICAL STUDENTS (UNDERGRADUATE MEDICAL EDUCATION) AND RESIDENTS/FELLO WS (GRADUATE MEDICAL EDUCATION), CPMC PROVIDES AN EXTENSIVE SELECTION OF CONTINUING MEDICA L EDUCATION THROUGH ITS NUMEROUS CONFERENCES FOR PHY SICIANS IN PRACTICE. CPMC'S PHY SICIANS ALSO PROVIDE OUTREACH PROGRAMS IN CONTINUING MEDICAL EDUCATION LOCALLY, REGIONALLY, AND N ATIONALLY. EDUCATION LOCALLY, REGIONALLY, AND NATIONALLY. PHY SICIANS IN PRACTICE. CPMC'S P HY SICIANS ALSO PROVIDE OUTREACH PROGRAMS IN CONTINUING MEDICAL EDUCATION LOCALLY, REGIONAL LY, AND NATIONALLY

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE AFFAIRS AND MANAGEMENT OF SUTTER WEST BAY MEDICAL FOUNDATION (SWBMF) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SWBMF DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE CONSISTS OF SWBMF'S CHAIR WHO SERVES AS CHAIR OF THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE PRESIDENT OF SWBMF AND UP TO NINE ADDITIONAL DIRECTORS AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR FORM 990, PART VI, LINES 6 & 7A DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OF DIRECTORS A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, B AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, C ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION, D ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, E AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER, F LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS, AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION, G APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, H THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY, I CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, J APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT, K APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, L ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES ESTABLISHED BY THE GENERAL MEMBER, M ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF NOT LESS THAN TWO-THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY REQUIRING APPROVAL

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990 SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION, HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED

Return Reference	Explanation
FORM 990, PART VI, LINE 12	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS AND OFFICERS THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE OFFICERS AND KEY LEADERS OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN DECEMBER OF 2014

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMT TO GEN PUBLIC THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH ORG OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES THE GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFERS (NET) 232,335,401 PARTNERSHIP INCOME BOOKED ON RETURN 12,670,060 K-1 ORDINARY INCOME (12,934,435) K-1 INTEREST INCOME (15,057) K-1 ORDINARY DIVIDENDS (351,678) K-1 SHORT TERM CAPITAL GAIN 10,019,010 K-1 LONG TERM CAPITAL GAIN (29,041,984) K-1 SECTION 1231 GAIN (22,229) K-1 RENTAL INCOME (130,769) K-1 1250 GAIN 2 K-1 ROYALTY INCOME (13,397) K-1 OTHER INCOME (19,384) PRIOR PERIOD ADJ (236,840) OTHER ADJ TO BEG BALANCE 36,712 ---------- 212,295,412 ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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) CATHEDRAL HEIGHTS LLC PO BOX 7999 SAN FRANCISCO, CA 94120 20-0511266	RENTAL PROP	CA	46	833,693	SWBH

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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) Disproprtionate 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	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVIC	CA	NA	C CORP				Yes	
(2) CHARITABLE REMAINDER TRUSTS (1)	CRT	CA	N/A	TRUST				Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA 94609 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(1) BETTER HEALTH EAST BAY FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
(2) CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA 94115 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
(3) EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(4) EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(5) MEMORIAL HOSPITAL FOUNDATION 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
(6) MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
(7) MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
(8) PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(9) SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
(10) SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA 95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(11) SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(12) SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(13) SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA 95617 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(14) SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(15) SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690415	HEALTHCARE	CA	501(C)(3)	11B-II	SUTTER HLTH	Yes	
(16) SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(17) SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
(18) SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(19) SUTTER HEALTH PLAN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	SUTTER HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(21) SUTTER HEALTH SACRAMENTO SIERRA REGION PO BOX 160727 SACRAMENTO, CA 95816 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(1) SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI 96813 99-0289310	INSURANCE SVC	HI	501(C)(3)	11C III-FI	SUTTER HLTH	Yes	
(2) SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA 95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(3) SUTTER MEDICAL CENTER CASTRO VALLEY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(4) SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
(5) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA 95661 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(6) SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA 94589 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(7) SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA 94608 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
(8) SUTTER WEST BAY MEDICAL FOUNDATION 2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA 94115 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(9) TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA 95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
MAGNETIC IMAGING AF 175 LENNON WLN CK, CA 94598 94-2953833	PATIENT CARE	CA	NA									
SURG CTR OF ABSMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	NA									
ALTA CT SERVICES LP 175 LENNON WLN CK, CA 94598 94-3083464	PATIENT CARE	CA	NA									
CALIFORNIA PACIFIC ADV IMAGING LLC PO BOX 6102 NOVATO, CA 94948 56-2311840	MRI JOINT VENTURE	CA	SWBH	RELATED	1,799,602	991,693		No	0	Yes		51 000 %
SAN FRANCISCO ENDOSCOPY CENTER LLC 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	SWBH	RELATED	4,782,579	1,390,208		No	0	Yes		51 000 %
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	SWBH	RELATED	6,352,633	4,284,909		No	0	Yes		51 000 %
SUTTER FAIRFIELD SURGERY CTR 2700 LOW CT FAIRFIELD, CA 94533 30-0233892	SURGERY	CA	NA									
TWIN CITIES SURGICAL HOSPITAL LLC 250 S WACKER CHICAGO, IL 60606 35-2182617	SURGERY	CA	NA									
SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA									
ROSEVILLE ENDOSCOPY CENTER LLC 4 MEDICAL PLAZA SUITE 210 ROSEVILLE, CA 95661 87-0710513	ENDOSCOPY JV	CA	NA									
MEMORIAL MEDICAL OFFICE BUILDING PRTNR I 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	NA									
MEMORIAL MEDICAL OFFICE BUILDING PRTNR I 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	NA									
SAN FRANCISCO PEDIATRIC VENTURE LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4474910	PATIENT CARE	CA	SWBH	RELATED	-400	267,000		No	0	Yes		50 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	S	7,615,030	FMV
MILLS-PENINSULA HOSPITAL SERVICES	M	611,574	FMV
SUTTER CENTRAL VALLEY HOSPITALS	M	104,112	FMV
SUTTER EAST BAY HOSPITALS	M	1,227,676	FMV
SUTTER EAST BAY HOSPITALS	L	82,606	FMV
SUTTER MEDICAL CENTER OF CASTRO VALLEY	M	993,351	FMV
SUTTER WEST BAY MEDICAL FOUNDATION	K	4,120,987	FMV
SUTTER WEST BAY MEDICAL FOUNDATION	M	24,018,152	FMV