See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
SUTTER WEST BAY HOSPITALS
% CARLA WHITE-SNYDER
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2200 RIVER PLAZA DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 95833

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 1,789,969,962

F Name and address of principal officer
MICHAEL COHILL
PO BOX 7999
SACRAMENTO, CA 95833

H(a) Is this a group return for subordinates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW SUTTERHEALTH ORG

K Form of organization [x] 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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8,660
6	Total number of volunteers (estimate if necessary)	**6**	1,137
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,539,699
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	215,558

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,064,707	27,736,162
9	Program service revenue (Part VIII, line 2g)	1,600,426,315	1,693,627,687
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,698,040	38,051,251
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,199,354	10,629,760
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,692,388,416	1,770,044,860
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,421,600	4,599,787
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)	804,731,578	859,877,495
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶333,194		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	735,032,629	806,415,144
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,542,185,807	1,670,892,426
19	Revenue less expenses Subtract line 18 from line 12	150,202,609	99,152,434

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,108,117,533	2,346,573,126
21	Total liabilities (Part X, line 26)	652,154,419	645,594,382
22	Net assets or fund balances Subtract line 21 from line 20	1,455,963,114	1,700,978,744

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: 2016-11-08

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) [x] 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 $ 1,467,065,568 including grants of $ 4,599,787) (Revenue $ 1,693,629,688)

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 ▶** 1,467,065,568

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	Yes	
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		No
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**	Yes	
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**	986		
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**	8,660		
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	25		
	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	21		
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		Yes	
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 ▶ CARLA WHITE-SNYDER 9100 FOOTHILLS BOULEVARD ROSEVILLE, CA 95747 (916) 297-9847

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								31,388	19,206,505	6,286,404

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 ▶ 2,618

			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
NORTH EAST MEDICAL SERVICES, 1520 STOCKTON ST SAN FRANCISCO, CA 94133	MEDICAL SERVICES	14,305,000
PACIFIC INPATIENT MEDICAL GROUP IN, PO BOX 573 NOVATO, CA 94958	PHYSICIAN SERVICES	9,769,092
MEDICAL SOLUTIONS LLC, 1010 NO 102ND ST STE 300 OMAHA, NE 68114	STAFFING SERVICES	4,727,361
SAN FRANCISCO EMERGENCY MEDICAL ASS, DEPT LA 23518 PASADENA, CA 91185	MEDICAL SERVICES	3,919,703
ANESTHESIA AND ANALGESIA INC, 837 5TH ST 2ND FLR SANTA ROSA, CA 95404	ANESTHESIOLOGISTS	3,686,638

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 ▶ 154

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	88				
	b Membership dues					
	c Fundraising events	333,577				
	d Related organizations	11,161,736				
	e Government grants (contributions)	10,842,377				
	f All other contributions, gifts, grants, and similar amounts not included above	5,398,384				
	g Noncash contributions included in lines 1a-1f $	59,770				
	h **Total.** Add lines 1a-1f		27,736,162			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621110	1,677,676,651	1,677,676,651		
	b CA PACIFIC ADVANCED IMAGING	621512	2,382,406	2,382,406		
	c SAN FRAN ENDOSCOPY CENTER	621498	4,279,715	4,279,715		
	d PRESIDIO SURGERY CENTER LLC	621493	6,299,353	6,299,353		
	e RENTAL TO AFFILIATES	900099	2,989,633	2,989,633		
	f All other program service revenue		-71	1,930	-2,001	
	g **Total.** Add lines 2a-2f		1,693,627,687			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,287,896		13,838	3,274,058
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		6,035		648	5,387
		(i) Real	(ii) Personal			
	6a Gross rents	15,477,536				
	b Less rental expenses	9,992,235				
	c Rental income or (loss)	5,485,301	0			
	d Net rental income or (loss)		5,485,301		431	5,484,870
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	9,199,425	35,324,085			
	b Less cost or other basis and sales expenses	5,112,369	4,647,786			
	c Gain or (loss)	4,087,056	30,676,299			
	d Net gain or (loss)		34,763,355			34,763,355
	8a Gross income from fundraising events (not including $ 333,577 of contributions reported on line 1c) See Part IV, line 18	a 150,426				
	b Less direct expenses	b 172,712				
	c Net income or (loss) from fundraising events		-22,286			-22,286
	9a Gross income from gaming activities See Part IV, line 19	a 17,101				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		17,101			17,101
	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	88,772		88,772	
	b UBI - PARKING	812930	1,436,998		1,436,998	
	c CAFETERIA	900099	3,614,569			3,614,569
	d All other revenue		3,270		1,013	2,257
	e **Total.** Add lines 11a-11d		5,143,609			
	12 **Total revenue.** See Instructions		1,770,044,860	1,693,629,688	1,539,699	47,139,311

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	4,599,787	4,599,787		
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	12,261,054		12,261,054	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	287,199	287,199		
7 Other salaries and wages	519,941,508	452,329,098	67,612,410	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,854,115	70,425,998	12,428,117	
9 Other employee benefits	199,773,351	169,807,348	29,966,003	
10 Payroll taxes	44,760,268	38,046,228	6,714,040	
11 Fees for services (non-employees)				
a Management	4,283,932		4,283,932	
b Legal	1,772,955	1,629,452	143,503	
c Accounting	157,386		157,386	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	697,783		697,783	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	98,013,640	72,679,566	25,334,074	
12 Advertising and promotion	2,606,958	2,605,151	1,807	
13 Office expenses	23,424,673	17,456,519	5,951,786	16,368
14 Information technology	60,449,833	60,212,622	237,211	
15 Royalties	0			
16 Occupancy	22,734,033	22,734,033		
17 Travel	1,139,259	911,407	226,933	919
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	17,862	17,862		
19 Conferences, conventions, and meetings	670,421	577,093	93,328	
20 Interest	14,171,382	14,171,382		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	108,643,168	108,066,195	576,973	
23 Insurance	10,010,999	7,868,649	2,142,350	
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 PURCHASED SERVICES	162,648,156	159,703,197	2,944,959	
b HOSPITAL FEE	67,147,143	67,147,143		
c MEDICAL SUPPLIES	182,441,244	182,441,244		
d SYSTEM ALLOCATION FEE	25,307,392		25,307,392	
e All other expenses	20,076,925	13,348,395	6,412,623	315,907
25 **Total functional expenses.** Add lines 1 through 24e	1,670,892,426	1,467,065,568	203,493,664	333,194
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		36,811,219	2	19,458,103
	3	Pledges and grants receivable, net		1,554,186	3	740,683
	4	Accounts receivable, net		201,763,000	4	232,530,416
	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		16,301,522	8	19,161,952
	9	Prepaid expenses and deferred charges		6,908,917	9	6,140,861
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,781,272,717			
	b	Less accumulated depreciation	10b 973,066,660	1,519,724,012	10c	1,808,206,057
	11	Investments—publicly traded securities		158,166,871	11	141,203,846
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		6,653,003	13	6,940,760
	14	Intangible assets		2,980,359	14	2,980,359
	15	Other assets See Part IV, line 11		157,254,444	15	109,210,089
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,108,117,533	16	2,346,573,126
Liabilities	17	Accounts payable and accrued expenses		231,758,367	17	232,460,794
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		413,127,670	20	403,829,148
	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		7,268,382	25	9,304,440
	26	**Total liabilities.** Add lines 17 through 25		652,154,419	26	645,594,382
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		1,435,939,933	27	1,685,738,524
	28	Temporarily restricted net assets		20,023,181	28	15,240,220
	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		1,455,963,114	33	1,700,978,744
	34	Total liabilities and net assets/fund balances		2,108,117,533	34	2,346,573,126

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	1,770,044,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,670,892,426
3	Revenue less expenses Subtract line 2 from line 1	3	99,152,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,455,963,114
5	Net unrealized gains (losses) on investments	5	-14,323,672
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	160,186,868
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,700,978,744

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			
CHRISTOPHER BECNEL TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
DIANA BELL TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
DAVID BLACK MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
WILLIAM BRUNETTI TRUSTEE	1 0 1 0	X						0	0	0
MICHAEL COHILL PT-YR REG PRES, WEST BAY (PT YR)	40 0 0 0	X		X				0	2,216,045	347,542
EILEEN CONSORTI MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
THEODORE DEIKEL TRUSTEE/CHAIR OF FIN (PT YR)	1 0 0 0	X		X				0	0	0
THOMAS DIETZ PHD TRUSTEE (PART YEAR)	1 0 1 0	X						0	0	0
ROY EISENHARDT TRUSTEE	1 0 1 0	X						0	0	0
EDWARD EISLER MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0

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			
ERIC FLOWERS TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
OWEN GARRICK MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
MICHAEL GAULKE TRUSTEE SH BOARD	1 0 0 0	X						0	27,500	0
JEFF GERARD PRESIDENT, SH BAY AREA	40 0 0 0	X		X				0	1,503,468	414,81
VINITA GUPTA TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
RICHARD CARY HILL MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
KATHERINE HSIAO MD TRUSTEE/CHIEF GYN DIVISION	1 0 1 0	X						31,388	0	0
PETER JACOBI TRUSTEE SH BOARD	1 0 7 0	X						0	27,500	0
STEVEN KATZNELSON TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
SARAH KREVANS PRES & COO SH, ASST SEC SWBH	1 0 40 0	X		X				0	2,077,694	496,14

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			
JOSEPH LACY MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
STEVEN LEVENBERG DO TRUSTEE (PART YEAR)	1 0 1 0	X						0	0	0
RICHARD LEVY PHD TRUSTEE, CHAIR FINANCE (PT YR)	1 0 1 0	X		X				0	27,500	0
ALASTAIR MACTAGGART TRUSTEE (PART YEAR)	1 0 1 0	X						0	0	0
TIMOTHY MURPHY MD TRUSTEE	1 0 0 0	X						0	0	0
DENNIS O'CONNELL TRUSTEE	1 0 1 0	X						0	0	0
STEVEN OLIVER TRUSTEE	1 0 1 0	X						0	0	0
ROBERT A ROSENFELD TRUSTEE, VICE-CHAIR (PT YR)	1 0 0 0	X		X				0	0	0
JOHN RYAN TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0
RON SINHA MD TRUSTEE (PART YEAR)	1 0 0 0	X						0	0	0

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			
LEE SOONG TRUSTEE (PART YEAR)	1.0 1.0	X						0	0	0
MARGARET TAYLOR TRUSTEE (PART YEAR)	1.0 0.0	X						0	0	0
MICHAEL VALAN MD TRUSTEE (PART YEAR)	1.0 0.0	X						0	0	0
ANTHONY WAGNER TRUSTEE, CHAIR	1.0 0.0	X		X				0	0	0
DEBORAH WYATT MD TRUSTEE (PART YEAR)	1.0 1.0	X						0	0	0
MICHAEL DUNCHEON VP, REG COUNSEL WB (PART YEAR)	40.0 0.0			X				0	646,805	108,225
JOHN GATES CFO SUTTER HEALTH BAY AREA	40.0 0.0			X				0	967,966	183,14
KAREN HALL PT-YR CHIEF LEGAL OFFICER, BAY AREA	40.0 0.0			X				0	588,758	116,42
WARREN BROWNER MD CEO, SAN FRANCISCO HOSPITALS	40.0 0.0				X			0	1,038,474	213,70
GRANT DAVIES EXECUTIVE VP WEST BAY	40.0 0.0				X			0	1,125,372	216,47

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			
ANNE BARR REGIONAL CIO, WEST BAY	40 0 0 0					X		0	534,927	104,54
HON-WAI LAM REGIONAL VP & CMO, WEST BAY	40 0 0 0					X		0	754,662	122,95
MICHAEL L PURVIS CAO, SMCSR	40 0 0 0					X		0	611,713	119,54
CHRISTOPHER WILLRICH REG VP, STRATEGY WEST BAY	40 0 0 0					X		0	675,392	64,21
MAYNARD JENKINS VP, HR BAY AREA	40 0 0 0					X		0	542,054	91,97
MARTIN BROTMAN MD SVP SH (FORMER OFFICER)	0 0 40 0						X	0	1,998,930	58,78
PAT FRY PRES & CEO, SH (FRMR OFFICER)	0 0 40 0						X	0	3,841,745	3,627,90

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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: 93493314029426

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	76,169,704	56,482,750	59,522,141	55,376,860	52,585,169
b Contributions	3,852,741	16,122,121	1,070,016	1,340,347	7,401,594
c Net investment earnings, gains, and losses	-4,742,895	3,568,844	8,391,250	5,951,680	-2,213,191
d Grants or scholarships	0				
e Other expenditures for facilities and programs	732,385	4,011	12,500,657	3,146,746	2,396,712
f Administrative expenses	0	0			
g End of year balance	74,547,165	76,169,704	56,482,750	59,522,141	55,376,860

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

- a Board designated or quasi-endowment ▶ 15 480 %
- b Permanent endowment ▶ 87 470 %
- c Temporarily restricted endowment ▶ 2 950 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		165,452,707		165,452,707
b Buildings		1,055,135,055	560,626,274	494,508,781
c Leasehold improvements		31,226,812	27,472,775	3,754,037
d Equipment		555,326,469	379,535,070	175,791,399
e Other		974,131,674	5,432,541	968,699,133
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,808,206,057

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
INSURANCE LIABILITIES	4,994,330
OTHER LIABILITIES	2,493,443
3RD PARTY SETTLEMENTS	1,809,667
NOTES RECEIVABLE	7,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,304,440

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' on Form 990, Part IV, line 12a.

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	EPISCOPAL CHARITIES ADMINISTERS THE BROTHERTON CHARITABLE ENDOWMENT FOR PROGRAMS, SERVICES, AND CAPITAL NEEDS OF ST LUKE'S MEDICAL CENTER 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, 2015 AND 2014, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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" on 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

2015

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" on 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" on 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 SSRF GOLF (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	234,662	183,755	65,586	484,003
	2 Less Contributions	198,556	94,545	40,476	333,577
	3 Gross income (line 1 minus line 2)	36,106	89,210	25,110	150,426
Direct Expenses	4 Cash prizes			864	864
	5 Noncash prizes	453		8,821	9,274
	6 Rent/facility costs	24,653	43,204	15,006	82,863
	7 Food and beverages	14,851	43,073	1,196	59,120
	8 Entertainment	1,200	638		1,838
	9 Other direct expenses	3,989	5,557	9,207	18,753
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				172,712
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-22,286

Part III Gaming.
Complete if the organization answered "Yes" on 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	11,481	5,260	360	17,101
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☑ Yes 80 000 % ☐ No	☑ Yes 75 000 % ☐ 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) ▶				17,101

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 activity 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 ▶ $ 15,391

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 complete this part to 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 $2,246 SERVICES PROVIDED COORDINATES CATWALK FOR A CURE, SRF GOLF EVENT POSITION EMPLOYEE OF SUTTER WEST BAY HOSPITALS NAME MARGARET WALKER GAMING COMPENSATION $1,275 SERVICES PROVIDED COORDINATES NCH GOLF EVENT POSITION EMPLOYEE OF SUTTER WEST BAY HOSPITALS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

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		
	☐ 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		No
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		
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)			11,654,281		11,654,281	0 700 %
b Medicaid (from Worksheet 3, column a)			352,382,220	244,350,652	108,031,568	6 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,754,298	5,525,506	6,228,792	0 370 %
d **Total** Financial Assistance and Means-Tested Government Programs			375,790,799	249,876,158	125,914,641	7 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	46	104,878	2,547,813	393,982	2,153,831	0 130 %
f Health professions education (from Worksheet 5)	19	217	36,378,228	6,447,230	29,900,998	1 790 %
g Subsidized health services (from Worksheet 6)	20	38,172	57,502,131	40,526,840	16,975,291	1 020 %
h Research (from Worksheet 7)	1	709	19,339,784	300,226	19,039,558	1 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	59	5,523	6,975,879	591,659	6,384,220	0 380 %
j **Total.** Other Benefits	145	149,499	122,743,835	48,259,937	74,453,898	4 460 %
k **Total.** Add lines 7d and 7j	145	149,499	498,534,634	298,136,095	200,368,539	11 990 %

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	1		954		954	0 %
3	Community support	5	7,039	47,411	1,250	46,161	0 %
4	Environmental improvements	1		15,000		15,000	0 %
5	Leadership development and training for community members	2		2,875	250	2,625	0 %
6	Coalition building	3	1,591	38,205		38,205	0 %
7	Community health improvement advocacy	4		25,178		25,178	0 %
8	Workforce development	8	218	179,852	58,472	121,380	0 010 %
9	Other						
10	**Total**	24	8,848	309,475	59,972	249,503	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 Healthcare 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	744,569		
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	350,668,135
6	Enter Medicare allowable costs of care relating to payments on line 5	6	421,679,051
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-71,010,916
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	SF Endoscopy LLC	Medical Services	51 %		39 2 %
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 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	
6 a	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 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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that 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) 0			
b	☐ The FAP application form was widely available on a website (list url) 0			
c	☐ A plain language summary of the FAP was widely available on a website (list url) 0			
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)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		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 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
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 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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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 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 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
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	
6 a	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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)*

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		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 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
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 SANTA ROSA REGIONAL HOSPITAL

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 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	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 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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	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)*

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		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 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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? **23**

	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	FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION THE ORGANIZATION HAS A HIGH MEDICAL COST CHARITY CARE CATEGORY IN WHICH A WRITE OFF OF THE PATIENT RESPONSIBILITY FOR HOSPITAL SERVICES CAN OCCUR IF THE INSURED PATIENT HAS FAMILY INCOME AT OR BELOW 400% FPG AND EXPENSES INCURRED FOR THEMSELVES OR THEIR FAMILY EXCEED 10% OF THE PATIENTS FAMILY INCOME

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 $16,438,043

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 2015, 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 ELECTIONS VOLUNTEERS ASSIST IN PROMOTING THIS PROGRAM THROUGHOUT CPMC OVER THE COURS E OF SEVERAL DAYS VOLUNTEERS ALSO FAX BALLOT REQUESTS TO CITY HALL, PICK-UP ABSENTEE BALL OTS, DISTRIBUTE BALLOTS TO PATIENTS, COLLECT BALLOTS AT THE END OF THE DAY, AND DROP OFF B ALLOTS AT POLLING SITES, AND CITY HALL, FOR TABULATION IN A TIMELY MANNER PROJECT HOMELES S CONNECT IS SAN FRANCISCO'S SIGNATURE PROGRAM TO PROVIDE SERVICES TO ITS HOMELESS POPULAT ION THE MISSION OF PROJECT HOMELESS CONNECT IS TO PROVIDE A SINGLE LOCATION WHERE NONPROF IT MEDICAL AND SOCIAL SERVICES PROVIDERS COLLABORATE TO SERVE THE HOMELESS OF SAN FRANCISC O WITH COMPREHENSIVE, HOLISTIC SERVICES CPMC VOLUNTEERS HELP PROJECT HOMELESS CONNECT PRO VIDE MEDICAL AND SOCIAL SERVICES TO SAN FRANCISCO'S MOST IMPOVERISHED RESIDENTS, INCLUDING PRIMARY MEDICAL CARE, EYE EXAMS, WHEELCHAIR REPAIR, DENTAL TREATMENT, SUBSTANCE ABUSE CON NECTIONS, 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 STA TE'S EFFORT TO NURTURE AND PROTECT OUR MOST PRECIOUS RESOURCE - OUR CHILDREN FIRST 5 CALI FORNIA'S SERVICES AND SUPPORT ARE DESIGNED TO ENSURE THAT MORE CHILDREN ARE BORN HEALTHY A ND REACH THEIR FULL POTENTIAL AT RISK YOUTH INTERNSHIP PARTNERS CPMC WITH COMMUNITY AGENC IES TO PROVIDE INTERNSHIPS FOR AT-RISK YOUTH THROUGH THE VOLUNTEER SERVICES DEPARTMENT BOT H DURING THE SCHOOL YEAR AS WELL AS OFFERING SUMMER PROGRAMS THE NATIONAL COUNCIL ON AGIN G SENIOR COMMUNITY SERVICE PROGRAM CREATED IN 1965, SENIOR COMMUNITY SERVICE EMPLOYMENT P ROGRAM IS THE NATION'S OLDEST PROGRAM TO HELP LOW-INCOME, UNEMPLOYED INDIVIDUALS AGED 55+ FIND WORK A CPMC EMPLOYEE SPENDS TIME SUPPORTING TWO PROGRAM PARTICIPANTS MERITUS HELPS LOW-INCOME SAN FRANCISCO YOUTH COMPLETE A COLLEGE DEGREE AND PREPARE FOR POST-COLLEGE SUCC ESS THROUGH A COMBINATION OF SCHOLARSHIPS, COACHING, AND CAREER MENTORSHIP INTERNSHIPS AT CPMC EXPOSE STUDENTS TO A RANGE OF EXPERIENCES LEADING TO INFORMED DECISION-MAKING ABOUT POST COLLEGE OPPORTUNITIES NOVATO COMMUNITY HOSPITAL NOVATO COMMUNITY HOSPITAL (NCH) FUN DS THE FOLLOWING PROGRAM THAT HELPS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING AC TIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESO URCES OF SUTTER HEALTH IN 1995, THE HEALTHY MARIN PARTNERSHIP WAS FORMED IN RESPONSE TO C ALIFORNIA SENATE BILL 697, A LEGISLATIVE MANDATE REQUIRING NOT-FOR-PROFIT HOSPITALS TO COM PLETE A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS NCH PARTICIPATES IN THIS PARTNERSHIP , ALONG WITH OTHER KEY STAKEHOLDERS, TO PRODUCE THE COMMUNITY HEALTH NEEDS ASSESSMENT NOV ATO COMMUNITY HOSPITAL PARTNERS WITH THE FRIENDS OF STAFFORD LAKE BICYCLE PARK TO PROMOTE HEALTHY EATING AND ACTIVE LIVING BY BUILDING AND MAINTAINING AN OFF-ROAD CYCLING PARK ON C OUNTY LAND TO PROVIDE A SAFE RIDING ENVIRONMENT FOR ALL AGES WITH A COMPONENT TO INVOLVE Y OUNG CHILDREN IN LEARNING THE SPORT NOVATO COMMUNITY HOSPITAL PARTNERS WITH THE CITY OF S AN RAFAEL DOWNTOWN STREETS TEAM TO HELP REDUCE HOMELESS RELATED ISSUES ON THE STREET, TO C HANGE PERCEPTIONS ABOUT PEOPLE WITHOUT SHELTER AND TO SUPPORT THE TEAM MEMBERS IN FINDING EMPLOYMENT AND/OR PARTICIPATE IN COUNTYWIDE EMPLOYMENT TRAINING PROGRAMS SUTTER LAKESIDE HOSPITAL SUTTER LAKESIDE HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH A

Form and Line Reference	Explanation
SCHEDULE H, PART II	ND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) T HESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUT TER HEALTH SUTTER LAKESIDE HOSPITAL STAFF MEMBERS ARE ASSIGNED TO COMMUNITY BOARDS, PANEL S, COMMITTEES, AND GROUPS SUTTER LAKESIDE HOSPITAL HOSTED ITS INAUGURAL HEROES OF HEALTH AND SAFETY FAIR, WHICH SERVES AS AN OPPORTUNITY FOR THEIR COMMUNITY TO SEE ALL OF THE COUN TY'S HEALTH AND SAFETY RESOURCES IN ONE LOCATION SUTTER SANTA ROSA REGIONAL HOSPITAL SUT TER SANTA ROSA REGIONAL HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT C AUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSET S BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH SUTTER SANTA ROSA REGIONAL HOS PITAL EMPLOYEES PARTICIPATE ON THE HEALTH ACTION COMMITTEE SONOMA COUNTY DEVELOPED THIS M ULTI-PRONGED APPROACH TO BECOMING THE "HEALTHIEST COUNTY IN CALIFORNIA" BY 2020 THAT INVOL VES LEADERS FROM ACROSS HEALTHCARE, COMMUNITY-BASED ORGANIZATIONS AND INDUSTRY TO WORK TOG ETHER TO IMPROVE HEALTH AND QUALITY OF LIFE FOR ALL

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 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 A FOOTNOTE FOR PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS AND THIRD-PARTY PAYERS 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 $192 MILLION AND $287 MILLION FOR 2015 AND 2014, 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 FEDERAL AND 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 AT DISCHARGE 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 210 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 DURING 2013, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE CITY AND COUNTY OF SAN FRANCISCO WAS CONDUCTED BY CPMC, THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, LOCAL NONPROFIT HOSPITALS AND ACADEMIC PARTNERS, AN D MORE THAN 500 COMMUNITY RESIDENTS SERVING CALIFORNIA'S ONLY CONSOLIDATED CITY AND COUNT Y AND A DIVERSE POPULATION OF 805,235 RESIDENTS, THE PARTNERS MADE EVERY 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 HEALTH 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-BEING THE MEMBERS OF TH IS COMMUNITY BENEFIT PARTNERSHIP, WITH A LONG HISTORY OF SUCCESSFUL COLLABORATION, AGREED TO TACKLE A NEW REQUIREMENT UNDER THE AFFORDABLE CARE ACT TO IDENTIFY AND PRIORITIZE COMM UNITY HEALTH NEEDS THIS EFFORT IS NOT UNFAMILIAR TO SAN FRANCISCO'S NONPROFIT HOSPITALS, AS THEY HAVE UNDERGONE A SIMILAR PROCESS EVERY THREE YEARS SINCE CALIFORNIA SENATE BILL 69 7 WAS PASSED IN 1994, FOR MORE THAN A DECADE THIS COLLABORATIVE HAS CONDUCTED COLLECTIVE C OMMUNITY NEEDS ASSESSMENTS HELPFUL TO THIS YEAR'S PROCESS WAS THE NUMBER OF SIMILAR EFFOR TS BEING UNDERTAKEN TO ASSESS COMMUNITY HEALTH NEEDS AND IMPROVEMENT STRATEGIES, SUCH AS T HE HEALTH CARE SERVICES MASTER PLAN AND ACCREDITATION FOR THE SAN FRANCISCO PUBLIC HEALTH DEPARTMENT (SFDPH) TO LEVERAGE RESOURCES REQUIRED FOR THESE ENDEAVORS, THE COMMUNITY BENE FIT PARTNERSHIP MADE USE OF A COMMUNITY-DRIVEN PROCESS THAT ENGAGED MORE THAN 500 COMMUNIT Y RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS WHO IDENTIFIED THE FOLLOWING KEY HEALT H PRIORITIES FOR ACTION - ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS - INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY - INCREASE ACCESS TO HIGH-QUALITY HEALTH CARE AND SERVICES FR OM JULY 2011 UNTIL FEBRUARY 2013, THE PARTNERS ENGAGED IN A PROCESS TO A) AGREE ON DATA E LEMENTS AND INDICATORS TO BE COLLECTED B) DETERMINE THE PARTIES RESPONSIBLE TO COLLECT THO SE DATA C) AGREE ON METHODS TO SOLICIT AND INCORPORATE COMMUNITY INPUT D) SHARE FINDINGS E) IDENTIFY PRIORITIZATION CRITERIA TO BE USED F) CONDUCT THE PRIORITIZATION PROCESS G) GET COMMUNITY STAKEHOLDERS' INPUT ON STRATEGIES TO ADDRESS THE HEALTH NEEDS TO YIELD A REPRES ENTATIVE AND TRANSPARENT ASSESSMENT PROCESS, THE COMMUNITY BENEFIT PARTNERSHIP SOUGHT TO E NGAGE A RANGE OF COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS AT EACH STEP SPECIFICALLY - COMMUNITY RESIDENTS FROM EACH OF SAN FRANCISCO'S 21 NEIGHBORHOOD AREAS CA ME 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-GUIDED HEALTH VISION F OR THE CITY AND COUNTY OF SAN FRANCISCO - SFDPH CONVENED A 42-MEMBER TASK FORCE TO SUPPOR T SAN FRANCISCO'S CHA AND A PARALLEL EFFORT, THE HEALTH CARE SERVICES MASTER PLAN (HCSMP) TASK FORCE MEMBERS REPRESENTED A RANGE OF COMMUNITY STAKEHOLDERS SUCH AS HOSPITALS/CLINIC S, K-12 EDUCATION, SMALL BUSINESS, URBAN PLANNING, CONSUMER GROUPS, NONPROFITS REPRESENTIN G DIFFERENT ETHNIC MINORITY GROUPS, AND MORE TO ENSURE COMMUNITY PARTICIPATION IN THE HCS MP AND CHA PROCESSES, THE TASK FORCE MET A TOTAL OF 10 TIMES BETWEEN JULY 2011 AND MAY 201 2 - FOUR OF THOSE IN DIFFERENT SAN FRANCISCO NEIGHBORHOODS - AND ENGAGED MORE THAN 100 COM MUNITY RESIDENTS IN DIALOGUE TO BETTER DETERMINE HOW TO IMPROVE THE HEALTH OF ALL SAN FRAN CISCANS WITH A PARTICULAR FOCUS ON THE CITY/COUNTY'S MOST VULNERABLE POPULATIONS TO ENCOU RAGE COMMUNITY DIALOGUE, TASK FORCE NEIGHBORHOOD MEETINGS TOOK PLACE IN THE EVENING, AND S FDPH PROVIDED INTERPRETATION SERVICES IN SPANISH AND CANTONESE - SAN FRANCISCO ENGAGED 22 4 COMMUNITY RESIDENTS IN FOCUS GROUPS AND INTERVIEWED 40 COMMUNITY STAKEHOLDERS TO LEARN M ORE ABOUT SAN FRANCISCANS' DEFINITIONS OF HEALTH AND WELLNESS AS WELL AS THEIR PERCEPTIONS OF SAN FRANCISCO'S STRENGTHS VERSUS AREAS FOR HEALTH IMPROVEMENT FOCUS GROUPS TARGETED S AN FRANCISCO SUBPOPULATIONS (SENIORS AND PERSONS WITH DISABILITIES, TRANSGENDERED PEOPLE, MONOLINGUAL SPANISH SPEAKERS, AND TEENS) AND SPECIFIC NEIGHBORHOODS (BAYVIEW HUNTERS POINT , CHINATOWN, EXCELSIOR, MISSION, SUNSET/RICHMOND, AND TENDERLOIN) FOCUS GROUP PARTICIPANT S GREATLY INFORMED SAN FRANCISCO'S HEALTH VISION AS WELL AS THE COMMUNITY THEMES AND STREN GTHS ASSESSMENT - A 10-MEMBER DATA ADVISORY COMMITTEE COMPRISED OF LOCAL PUBLIC HEALTH SY STEM PARTNERS, RESIDENTS, AND SFDPH STAFF OVERSAW THE SELECTION OF DATA INDICATORS FOR THE COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) THIS BODY ALSO ENSURED THE INTEGRITY OF THE CH SA'S METHODOLOGY AND QUANTITATIVE DATA - IN JUNE 2013, THE CHIP AND CHNA WERE PUBLICLY LA UNCHED AT THE MAYOR'S BREAKFAST ATTENDED BY 400 COMMUNITY PARTNERS SECONDARY DATA WERE GA THERED WITH THE ASSISTANCE OF HARDER+COMPANY THE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	REPORT "COMMUNITY HEALTH STATUS ASSESSMENT CITY AND COUNTY OF SAN FRANCISCO" WAS COMPLETE D IN JULY 2012 THE HEALTH INDICTORS, SELECTED BY MEMBERS OF THE LEADERSHIP GROUP WITHIN T HE COALITION, AS WELL AS EACH INDICATOR'S DATA SOURCE, ARE ALSO INCLUDED IN THE REPORT TH E PARTNERS CONDUCTED FOUR HEALTH ASSESSMENTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND INFORM HEALTH PRIORITY SELECTION COMMUNITY THEMES AND STRENGTHS ASSESSMENT, LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT, FORCES OF CHANGE ASSESSMENT, AND A COMMISSIONED COMMUNITY HEALTH STATU S ASSESSMENT ONCE COLLECTED, SFDPH STAFF GROUPED DATA BY COMMON THEMES GROUPING LIKE DATA POINTS THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR CALIFORNIA PACIFIC MEDICAL CENTER IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESS MENT HT ML NOVATO COMMUNITY HOSPITAL NOVATO COMMUNITY HOSPITAL (NCH) AND HEALTHY MARIN PA RTNERSHIP (HMP) HAVE CONDUCTED COMMUNITY NEEDS ASSESSMENTS SINCE 1995 TO COMPLY WITH THE C ALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT THE 2013 CHNA RESULTED IN A RE-EXAMINATION OF OUR PROCESS AND ATTENTION TO COMMUNITY INPUT, TRANSPARENCY, SUBJECT MA TTER EXPERTISE AND DATA COLLECTION HMP CONDUCTED A COMMUNITY CONVENING OF MORE THAN 30 RE PRESENTATIVES OF UNDERSERVED COMMUNITIES, PUBLIC HEALTH EXPERTS, AND COMMUNITY LEADERS TH EY PRESENTED THE GROUP WITH EXTENSIVE DATA, KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS G ROUPS RESULTS THE GROUP WAS ENGAGED IN A PROCESS TO EXAMINE AND DISCUSS THE INFORMATION AS A FINAL STEP THEY IDENTIFIED THE FOLLOWING MARIN COUNTY HEALTH NEEDS IN PRIORITY ORDER 1 MENTAL HEALTH 2 SUBSTANCE ABUSE 3 ACCESS TO HEALTH CARE/MEDICAL HOMES/HEALTH CARE CO VERAGE 4 SOCIOECONOMIC STATUS (INCOME, EMPLOYMENT, EDUCATION LEVEL) 5 HEALTHY EATING AND ACTIVE LIVING (NUTRITION/HEALTHY FOOD/FOOD ACCESS/PHYSICAL ACTIVITY 6 SOCIAL SUPPORTS (F AMILY AND COMMUNITY SUPPORT SYSTEMS AND SERVICES, CONNECTEDNESS) 7 CANCER 8 HEART DISEAS E THE NOVATO COMMUNITY HOSPITAL SERVICE AREA INCLUDES THE NORTHERN CALIFORNIA COUNTY OF MA RIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PURPOSES OF THIS CHNA, ACTIVITIES WERE RESTRI CTED 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 HOSPITALS, MARIN GENERA L HOSPITAL, NOVATO COMMUNITY HOSPITAL AND KAISER PERMANENTE COLLABORATED WITH HMP TO COMPL ETE THE CHNA THE PROCESS INCLUDED FOUR PRIMARY ACTIVITIES 1 KEY INFORMANT INTERVIEWS (P UBLIC HEALTH EXPERTS AND COMMUNITY LEADERS) 2 FOCUS GROUPS (UNDERSERVED COMMUNITIES IN EN GLISH AND SPANISH, WITH ADDITIONAL TRANSLATION AVAILABLE) 3 THE HMP COMMUNITY CONVENING (EXPERTS, LEADERS, AND RESIDENTS) 4 A COMPREHENSIVE DATA REVIEW OF 153 HEALTH INDICATORS FINDINGS WERE COMPARED TO STATE AND NATIONAL AVERAGES AND, WHEN POSSIBLE MAPPED BY CENSUS TRACTS TO SHOW VARIATIONS AMONG GEOGRAPHIC AREAS ACROSS THE COUNTY THE ENTIRE 2013 COMMUN ITY HEALTH NEEDS ASSESSMENT FOR NOVATO COMMUNITY HOSPITAL IS AVAILABLE AT HTTP //WWW SUTTE RHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITAL A COMMUNITY HEALTH NEEDS ASSESSMENT BUILDS THE FOUNDATION FOR ALL COMMUNITY HEALTH PLANNING, AND PROVIDES APPROPRIATE INFORMATION ON WHICH POLICYMAKERS, PROVIDER GROUPS, AND COMMUNIT Y ADVOCATES CAN BASE IMPROVEMENT EFFORTS, IT CAN ALSO INFORM FUNDERS ABOUT DIRECTING GRANT DOLLARS MOST APPROPRIATELY IN 2012-2013, A COLLABORATIVE THAT INCLUDED THE TWO LAKE COUN TY HOSPITALS, ST HELENA CLEAR LAKE AND SUTTER LAKESIDE, JOINED BY PUBLIC HEALTH AND OTHER LOCAL ORGANIZATIONS, RETAINED BARBARA AVED ASSOCIATES (BAA) TO UPDATE THE COMMUNITY HEALT H 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 IM PROVING COMMUNITY HEALTH THE ASSESSMENT MEETS THE PROVISIONS IN THE PATIENT PROTECTION AN D AFFORDABLE CARE ACT (ACA) FOR COMMUNIT

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 THE HOSPITAL SERVICE AREA FO R CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULATIONS RESIDING IN THE CITY AND COUN TY 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 WHITE 15 1% IS LATIN O 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 I S LIVING IN POVERTY 15% OF CHILDREN ARE LIVING IN POVERTY 9 5% OF THE POPULATION IS UNEM PLOYED 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/KP, HTTP //WWW SFDPH ORG/DPH/FILES/REPORTS/POLICYPROCOFC/CHSA_10162012 PDF) AN IN-DEPTH VIEW OF THE DEMOGRAPHIC S AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE CALIFORNIA PACIFIC MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML NOVA TO COMMUNITY HOSPITAL THE NOVATO COMMUNITY HOSPITAL SERVICE AREA INCLUDES THE NORTHERN CA LIFORNIA COUNTY OF MARIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PURPOSES OF THIS STUDY, ACTIVITIES WERE RESTRICTED TO RESIDENTS WITHIN THE BORDERS OF MARIN COUNTY SUTTER SANTA R OSA REGIONAL HOSPITAL ADDRESSES THE COUNTY OF SONOMA THERE ARE THREE HOSPITALS SERVING TH E COMMUNITY THE NOVATO COMMUNITY HOSPITAL SERVICE AREA COMPRISES MARIN COUNTY UNINCORPORA TED AREAS AND CITIES INCLUDING BELVEDERE, CORTE MADERA, FAIRFAX, LARKSPUR, MILL VALLEY, NO VATO, ROSS, SAN ANSELMO, SAN RAFAEL, SAUSALITO, AND TIBURON AND THE COASTAL TOWNS OF STINS ON BEACH, BOLINAS, POINT REYES, INVERNESS, MARSHALL, AND TAMALES THE TOTAL POPULATION IN MARIN COUNTY IS 352,544 WHITES MAKE UP 81 94% OF MARIN COUNTY'S POPULATION 16 68% ARE LA TINO 2 38% ARE AFRICAN AMERICAN 5 33% ARE ASIAN AND PACIFIC ISLANDER 0 36% ARE NATIVE A MERICAN (DATA SOURCE US CENSUS BUREAU, 2006-2010 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMA TE KFH-SAN RAFAEL SERVICE AREA DATA) MEDIAN AGE IS 44 YEARS, WITH 15 47% OF THE POPULATIO N OVER THE AGE OF 65 91 68% OF THE POPULATION GRADUATED ON TIME FROM HIGH SCHOOL 9 22% O F CHILDREN LIVE IN POVERTY THE MEDIAN HOUSEHOLD INCOME IS $89,268 9 36% OF THE POPULATIO N HAVE NO HIGH SCHOOL DIPLOMA 8 6% OF THE POPULATION ARE MEDI-CAL/MEDI-CAID RECIPIENTS T HE 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 COMPARED TO CALIFORNIA, AND T HE NATION, AS A WHOLE HOWEVER, A SUB-COUNTY GEOGRAPHIC QUANTITATIVE AND QUALITATIVE DATA ANALYSIS IDENTIFIES DISPARITIES IN SOCIOECONOMIC STATUS THAT LIMIT ACCESS TO HEALTH CARE A ND 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 AVAILABLE IN THE NOVATO COMMUN ITY HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESS MENT HT ML SUTTER LAKESIDE HOSPITALS SUTTER LAKESIDE HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS LAKE COUNTY THERE ARE TWO HOSPITALS SERVING THE COMMUNITY LAKE COUNTY IS LOCA TED IN NORTHERN CALIFORNIA JUST TWO HOURS BY CAR FROM THE SAN FRANCISCO BAY AREA, THE SACR AMENTO 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 INDUSTRY MAJOR CROPS INCLUDE PEARS, WALNUTS AND, INCREASINGLY, WINE GRAPES DOTTED WITH VINEYARDS AND WINERIES, ORCHAR DS AND FARM STANDS, AND SMALL TOWNS, THE COUNTY IS HOME TO CLEAR LAKE, CALIFORNIA'S LARGES T NATURAL FRESHWATER LAKE, KNOWN AS "THE BASS CAPITAL OF THE WEST,MT KONOCTI, WHICH TOWER S OVER CLEAR LAKE WITHIN LAKE COUNTY THERE ARE TWO INCORPORATED CITIES, THE COUNTY SEAT O F LAKEPORT AND THE CITY OF CLEARLAKE, THE LARGEST CITY, AND THE COMMUNITIES OF BLUE LAKES, CLEARLAKE OAKS, COBB, FINLEY, GLENHAVEN, HIDDEN VALLEY LAKE, KELSEYVILLE, LOCH LOMOND, LO WER LAKE, LUCERNE, NICE, MIDDLETOWN, SPRING VALLEY, ANDERSON SPRINGS, UPPER LAKE, AND WITT ER SPRINGS LAKE COUNTY IS BORDERED BY MENDOCINO AND SONOMA COUNTIES ON THE WEST, GLENN, C OLUSA AND YOLO COUNTIES ON THE EAST, AND NAPA COUNTY ON THE SOUTH THE TWO MAIN TRANSPORTA TION 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 MARKET DATA ABOUT COUNTY-TO-CO UNTY COMMUTE PATTERNS (WHICH HAVE NOT BEEN UPDATED

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	SINCE 2000), THE TOTAL NUMBER OF WORKERS THAT LIVE AND WORK IN LAKE IS 15,566 PERSONS TH E TOTAL FOR WORKERS COMMUTING IN WAS 1,046, AND 4,320 WORKERS COMMUTED OUT ABOUT 67% OF P EOPLE WHO LIVE IN LAKE COUNTY ALSO WORK WITHIN THE COUNTY WHILE THE POPULATION SIZE OF LA KE COUNTY WAS ESTIMATED AT 64,394 RESIDENTS IN JULY 2012, THE POPULATION CAN SWELL WITH DA YTIME WORK COMMUTERS AND SEASONAL TOURISTS DEMOGRAPHICS - POPULATION CHANGE IS MOSTLY ST ATIC ESTIMATES OF ANNUAL PERCENT CHANGE BETWEEN JANUARY 2011 AND JANUARY 2012 SHOW ZERO G ROWTH FOR THE COUNTY OVERALL - WITH 21% OF RESIDENTS OVER THE AGE OF 65, THE COUNTY HAS N EARLY 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 ANTICIPATED SIGNIFICANT GROWTH I N THIS AGE GROUP WILL PUT A LARGER BURDEN ON THE HEALTH CARE SYSTEM AND LOCAL ECONOMY, WHI CH MAY NOT HAVE SUFFICIENT COMMUNITY SERVICES OR TAX BASE TO SUPPORT IT - LAKE COUNTY'S P OPULATION IS PROJECTED TO BECOME INCREASINGLY CULTURALLY DIVERSE IN COMING YEARS FOR EXAM PLE, THE HISPANIC POPULATION IS PROJECTED TO INCREASE SLIGHTLY MORE THAN 3-FOLD AND PERSON S IDENTIFYING AS MULTI-RACE BY ABOUT 2-FOLD FROM 2010 TO 2050 SOCIOECONOMIC FACTORS - RE COVERY FROM THE RECESSION HAS BEEN SLOW, 21 4% (UP FROM 17 9% IN 2008) OF LAKE COUNTY RESI DENTS, ONE-THIRD HIGHER THAN THE STATE AVERAGE, LIVED BELOW THE FEDERAL POVERTY LEVEL IN 2 011 - ONE-THIRD OF THE POPULATION WAS REPORTED TO BE "FOOD INSECURE IN 2011, 61% OF STUD ENTS ACROSS THE COUNTY WERE RECEIVING FREE-REDUCED PRICE LUNCHES THESE FINDINGS, HOWEVER, SHOWED SLIGHT IMPROVEMENT FROM THE PRIOR ASSESSMENT PERIOD - THE PROPORTION OF THE NON E LDERLY 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 FEWER UNINSURED CHILDREN IN LAKE COUN TY THAN IN CALIFORNIA IN 2009, BUT THE PERCENTAGE COVERED BY EMPLOYMENT-BASED INSURANCE, 4 4 5%, WAS LOWER THAN THE STATE AVERAGE - LAKE COUNTY HAS THE HIGHEST PERCENTAGE OF SENIOR S COVERED BY A COMBINATION OF MEDICARE AND MEDI-CAL IN THE NORTHERN AND SIERRA COUNTIES RE GION IT HAS THE SECOND LOWEST PERCENTAGE OF SENIORS THAT HAVE PRIVATE SUPPLEMENTAL COVERA GE IN ADDITION TO MEDICARE - MORE PEOPLE IN LAKE COUNTY, 86 3%, COMPARED TO CALIFORNIA, 8 0 7%, HAVE COMPLETED HIGH SCHOOL OR HIGHER - LAKE COUNTY'S OVERALL HIGH SCHOOL DROPOUT RA TE IN 2011-12, 2 8%, WAS MORE FAVORABLE THAN THE STATEWIDE RATE OF 4 0%, BUT SLIGHTLY HIGH ER THAN THE PRIOR SCHOOL YEAR NATIVE AMERICAN AND AFRICAN AMERICAN STUDENTS DROP OUT OF S CHOOL AT HIGHER RATES THAN THE OVERALL COUNTY AVERAGE AN IN-DEPTH VIEW OF THE DEMOGRAPHIC S AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE HOSPITAL CHNA AT HTTP //WWW SUTTER HEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER SANTA ROSA REGIONAL HO SPITAL SUTTER SANTA ROSA REGIONAL HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS SONOMA C OUNTY THERE ARE THREE HOSPITALS SERVING THE COMMUNITY DEMOGRAPHIC OVERVIEW SONOMA COUNT Y IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQUARE MILES THE COUNTY'S TOTAL POPUL ATION IS CURRENTLY ESTIMATED AT 487,011 ACCORDING TO PROJECTIONS FROM THE CALIFORNIA DEPA RTMENT OF FINANCE, COUNTY POPULATION IS PROJECTED TO GROW BY 8 3% TO 546,204 IN 2020 THIS RATE OF GROWTH IS LESS THAN THAT PROJECTED FOR CALIFORNIA AS A WHOLE (10 1%) GEOGRAPHIC DISTRIBUTION OF POPULATION SONOMA COUNTY RESIDENTS INHABIT NINE CITIES AND A LARGE UNINCO RPORATED AREA, INCLUDING MANY GEOGRAPHICALLY ISOLATED COMMUNITIES THE MAJORITY OF THE COU NTY'S POPULATION RESIDES WITHIN ITS CITIES, THE LARGEST OF WHICH ARE CLUSTERED ALONG THE H IGHWAY 101 CORRIDOR SANTA ROSA IS THE LARGEST CITY WITH A POPULATION OF 168,841 AND IS TH E 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 P OPULATION A SIGNIFICANT NUM

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 2015, OVER 12,800 UNIQUE PATIENTS WERE SEEN AT ST LUKES HEALTH CARE CEN TER, WITH NEARLY 41,000 PATIENT VISITS HEALTHFIRST, SLHCCS AFFILIATED CENTER FOR HEALTH E DUCATION AND DISEASE PREVENTION, HAD OVER 2,300 PATIENT VISITS, SERVING NEARLY 750 PATIENT S IN CHRONIC DISEASE MANAGEMENT CPMC MAINTAINS SLHCC AT ITS ST LUKES 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 OF THE SAN FRANCISCO NEIGHBORHOODS IDENTIFIED AS HAVING THE HIGHEST DISPARITIES RELATED TO IM PORTANT SOCIO-ECONOMIC DETERMINANTS OF HEALTH BY PROVIDING SERVICES SUCH AS THESE, CPMC C ONTRIBUTES TO IMPROVED ACCESS TO CARE AS MEASURED BY A SHIFT IN THE NEEDS ASSESSMENT INDIC ATOR TRACKING THE NUMBER OF SAN FRANCISCANS WITH A USUAL SOURCE OF HEALTH CARE (FROM 86 8% IN 2009 TO 87 3% IN 2014) (WWW SFHIP ORG) BY ENSURING THAT SERVICES ARE CULTURALLY AND L INGUISTICALLY APPROPRIATE, CPMC HELPS TO BRIDGE GAPS IN ACCESSIBILITY DUE TO LANGUAGE AND CULTURAL BARRIERS FOR NON-NATIVE-ENGLISH SPEAKERS, AS MEASURED BY A SHIFT IN THE NEEDS ASS ESSMENT INDICATOR MEASURING SAN FRANCISCOS PERCENTAGE OF ADULTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME WHO HAVE DIFFICULTY UNDERSTANDING THEIR DOCTORS (FROM 2 1% IN 2009 T O 1 7% IN 2011-2012) (WWW SFHIP ORG) THESE SERVICES ALSO COUNTER LIMITED ACCESS THAT MAY BE CAUSED BY PRIMARY CARE PROVIDERS BEING LESS LIKELY TO SERVE MEDI-CAL BENEFICIARIES DUE TO LOW GOVERNMENT REIMBURSEMENT RATES CPMC'S KALMANOVITZ CHILD DEVELOPMENT CENTER (KCDC) PROVIDES DIAGNOSIS, EVALUATION, TREATMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAUSED BY PREMATURITY, AUT ISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDROME, ATTENTION DEFICIT DISORDER, OR CEREBRAL PA LSY ITS COMPREHENSIVE ASSESSMENTS AND ONGOING THERAPY PROGRAMS INCLUDE THE FOLLOWING DISC IPLINES DEVELOPMENTAL/BEHAVIORAL PEDIATRICS, PSYCHOLOGY AND PSYCHIATRY, SPEECH/LANGUAGE A ND AUDITORY PROCESSING, OCCUPATIONAL THERAPY, BEHAVIOR MANAGEMENT CONSULTATIONS, EARLY INT ERVENTION/ PARENT-INFANT PROGRAM, SOCIAL SKILLS GROUPS, FEEDING ASSESSMENT AND THERAPY, AS SESSMENT AND THERAPY FOR THE NEONATAL INTENSIVE CARE UNIT AND ASSESSMENT FOR THE FOLLOW-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 PARTNERING WITH L OCAL SCHOOLS AND OTHER COMMUNITY ORGANIZATIONS, SUCH AS DE MARILLAC ACADEMY, IMMACULATE CO NCEPTION ACADEMY, AND FIRST 5 SAN FRANCISCO KCDC IS ANTICIPATED TO IMPROVE ACCESS TO CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN SAN FRANCISCO IN 2015, KCDCS TWO SAN FRANCISCO LOCATIONS HAD OVER 16,700 PATIENT VISITS, SERVING 1,450 UNIQUE PATIENTS WHO OTH ERWISE MAY NOT HAVE BEEN ABLE TO RECEIVE CHILD DEVELOPMENTAL SERVICES THESE SERVICES PROV IDED 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 IDENTIFICATION AND TREATMENT CAN CHANGE THE COURSE OF THESE CHILDRENS LIVES KCDC PROVIDED ADDITIONAL SE RVICES THROUGH CPMC'S "JOINT VENTURE HEALTH" WITH

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	UC BERKELEY'S SCHOOL OF PUBLIC HEALTH AND NORTH EAST MEDICAL SERVICES (NEMS), IN THIS PART NERSHIP, KCDC DONATED THE LABOR TIME OF A DEDICATED CHILD DEVELOPMENT SPECIALIST STATIONED AT NEMS SO THAT KIDS WITH DEVELOPMENTAL DISABILITIES COULD RECEIVE DEVELOPMENTAL SERVICES AT AN INTEGRATED MEDICAL HOME WHERE THEY ALSO RECEIVE PRIMARY CARE THROUGH THIS PROGRAM IN 2015, NEARLY 3,000 KIDS UNDER AGE 11 WERE SCREENED, OF WHOM 14 PERCENT WERE AT MODERATE OR HIGH RISK FOR DEVELOPMENTAL AND SOCIAL/EMOTIONAL DELAYS ALL WERE CONNECTED TO APPROPR IATE RESOURCES FOR EARLY INTERVENTION BAYVIEW CHILD HEALTH CENTER (BCHC) OFFERS ROUTINE P REVENTATIVE AND URGENT PEDIATRIC CARE IN ONE OF SAN FRANCISCO'S MOST MEDICALLY UNDERSERVED NEIGHBORHOODS, AND ADDRESSES PREVALENT COMMUNITY HEALTH ISSUES SUCH AS WEIGHT CONTROL AND ASTHMA MANAGEMENT THE CENTER IS PARTICULARLY ATTUNED TO THE IMPACT OF COMMUNITY VIOLENCE AND CHILDHOOD TRAUMA ON CHILDREN'S MENTAL AND PHYSICAL HEALTH THE CLINIC ALSO OFFERS PSY CHOLOGICAL AND CASE MANAGEMENT SERVICES TO FAMILIES THROUGH A PARTNERSHIP WITH THE CENTER FOR YOUTH WELLNESS DENTAL SERVICES ARE PROVIDED ON SITE THROUGH A PARTNERSHIP WITH THE NA TIVE AMERICAN HEALTH CENTER THE CLINIC IS A COLLABORATION BETWEEN CPMC, SUTTER PACIFIC ME DICAL FOUNDATION, AND CPMC FOUNDATION IN 2015, THE CLINIC SERVED AN ESTIMATED 700 UNIQUE PATIENTS, WITH AN ESTIMATED 1,700 TOTAL PATIENT VISITS CPMC AND ITS PARTNERS OPENED BCHC IN ORDER TO PROVIDE SUBSIDIZED PRIMARY CARE TO CHILDREN IN ONE OF THE MOST VULNERABLE, UND ERSERVED NEIGHBORHOODS IN SAN FRANCISCO THROUGH SERVICES SUCH AS THESE, CPMC HAS CONTRIBU TED TO IMPROVED ACCESS TO CARE AS MEASURED BY A SHIFT IN THE NEEDS ASSESSMENT INDICATOR TR ACKING THE NUMBER OF SAN FRANCISCANS WITH A USUAL SOURCE OF HEALTH CARE (FROM 86 8% IN 200 9 TO 87 3% IN 2014) (WWW SFHIP ORG) BY ENSURING THAT SERVICES ARE CULTURALLY AND LINGUIST ICALLY APPROPRIATE, CPMC HELPS TO BRIDGE GAPS IN ACCESSIBILITY DUE TO LANGUAGE AND CULTURA L BARRIERS FOR NON-NATIVE-ENGLISH SPEAKERS, AS MEASURED BY A SHIFT IN THE NEEDS ASSESSMENT INDICATOR MEASURING SAN FRANCISCOS PERCENTAGE OF ADULTS WHO SPEAK A LANGUAGE OTHER THAN E NGLISH AT HOME WHO HAVE DIFFICULTY UNDERSTANDING THEIR DOCTORS (FROM 2 1% IN 2009 TO 1 7% IN 2011-2012) (WWW SFHIP ORG) THESE SERVICES ALSO COUNTER LIMITED ACCESS THAT MAY BE CAUS ED BY PRIMARY CARE PROVIDERS BEING LESS LIKELY TO SERVE MEDI-CAL BENEFICIARIES DUE TO LOW GOVERNMENT REIMBURSEMENT RATES CPMC'S AFRICAN AMERICAN BREAST HEALTH (AABH) AND SISTER TO SISTER PROGRAMS OFFER WOMEN MAMMOGRAPHY SCREENING AND ALL THE SUBSEQUENT BREAST HEALTH DI AGNOSTIC TESTING AND TREATMENT THEY MAY NEED AT NO COST PARTNERSHIP ORGANIZATIONS, SUCH A S BAYVIEW HUNTERS POINT SENIOR CENTER, CALVARY HILL COMMUNITY CHURCH, GLIDE HEALTH SERVICE S, SAN FRANCISCO FREE CLINIC, AND CLINIC BY THE BAY, REFER UNINSURED, UNDERINSURED, DISADV ANTAGED 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 HEALTH CENTER, MISSION NEIGHBORHOOD HE ALTH CENTER, AND LATINA BREAST CANCER AGENCY IN 2015, CPMCS AFRICAN AMERICAN AND SISTER T O SISTER BREAST HEALTH PROGRAMS PROVIDED 142 SCREENINGS, WITH 175 TOTAL PATIENT VISITS AND 11 FIRST-TIME MAMMOGRAMS CPMCS GRANT TO LATINA BREAST CANCER AGENCY PROVIDED ASSISTANCE FOR LOW-INCOME PATIENTS TO RECEIVE 325 MAMMOGRAMS AT CPMCS ST LUKES CAMPUS CPMCS LATE-20 14 GRANT TO SHANTI PROJECT'S MARGOT MURPHY BREAST CANCER PROGRAM HELPED TO PROVIDE CARE NA VIGATION SERVICES TO 417 SHANTI PATIENTS RECEIVING FREE BREAST CANCER TREATMENT, PRIORITIZ ING WOMEN WHO FACED PARTICULAR CHALLENGES IN COMPLETING TREATMENT DUE TO BEING LOW-INCOME, UNINSURED/UNDERINSURED, WITH LIMITED ENGLISH PROFICIENCY, AND/OR FROM IMMIGRANT POPULATIO NS IN ADDITION, 65 WELLNESS WORKSHOPS EMPOWERED CLIENTS WITH SELF-MANAGEMENT AND HEALTH P ROMOTION RESOURCES CPMC'S COMING HOME H

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 (NCH) DEFINES A VARIETY OF PROGRAMS AND PAR TNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW THE ROTOCARE CLINIC IS OPERATED BY LOCAL ROTARY CLUBS AND DEPENDS ON DONATIONS AND IN-KIND SE RVICES FROM HEALTH CARE PROVIDERS TO OFFER CARE TO UNINSURED AND UNDOCUMENTED INDIVIDUALS PRIMARILY MALES AGES 22 TO 44 NCH PROVIDES A CASH GRANT AND FREE OUTPATIENT LABORATORY EX AMS FOR THE CLINICS PATIENTS IN 2015, NCH PROVIDED FREE OUTPATIENT LABORATORY SERVICES FO R APPROXIMATELY 200 ROTACARE PATIENTS AT A COST TO THE HOSPITAL OF AN ESTIMATED $100,000 HOMEWARD BOUND OF MARIN PROVIDES SERVICES TO THE COUNTYS HOMELESS POPULATION, INCLUDING TH E TRANSITION TO WELLNESS PROGRAM PROVIDING BEDS FOR HOMELESS PATIENTS DISCHARGED FROM THE THREE MARIN ACUTE CARE HOSPITALS WHO NEED TEMPORARY CARE NCH PROVIDES AN ANNUAL GRANT TO SUPPORT THIS PROGRAM IN FY 2014-2015 HOMEWARD BOUND TRANSITION TO WELLNESS ADMITTED 6 OF 12 NCH REFERRALS TO THE PROGRAM, RESULTING IN SAVING 24 HOSPITAL DAYS FOR A COST OF $15,50 0 OR APPROXIMATELY $625 PER DAY COMPARED TO 24 HOSPITAL DAYS AT $3,000= $72,000 UPON DISC HARGE FROM TRANSITION TO WELLNESS, THESE PATIENTS ENTERED THE HOMEWARD BOUND SHELTER, TRAI NING PROGRAM, TEMPORARY RESIDENCES AND ULTIMATELY TO INDEPENDENT LIVING NCH SUPPORTS WHIS TLESTOP, A COMMUNITY-BASED ORGANIZATION THAT PROVIDES SERVICES TO SENIORS AND DISABLED ADU LTS IN THE COUNTY THROUGH A PROGRAM CALLED HEALTH EXPRESS IN 2015, 103 RIDES TO MEDICAL A PPOINTMENTS WERE PROVIDED TO LOW INCOME SENIORS AND DISABLED PERSONS NCH PROVIDES A GRANT TO NOVATO UNIFIED SCHOOL DISTRICT TO COVER THE COST OF MEDICAL CARE FOR UNDERSERVED STUDE NTS IN 2015, 35 STUDENTS RECEIVED ONE-ON-ONE NURSING CARE FOR ACUTE CONDITIONS SUCH AS TY PE 1 DIABETES AND SPINA BIFIDA THE ANNUAL INFLUENZA SEASON FROM OCTOBER THROUGH MARCH AFF ECTS ALL MEMBERS OF THE COMMUNITY AND IT IS IN THE BEST INTEREST OF PUBLIC HEALTH TO IMMUN IZE AS MANY INDIVIDUALS AS POSSIBLE NCH HOSTS FREE IMMUNIZATION CLINICS FOR THE COMMUNITY AND IN 2015, 180 VACCINES WERE ADMINISTERED OPERATION ACCESS IS A NON-PROFIT ORGANIZATIO N THAT RECRUITS PHYSICIAN VOLUNTEERS AND HOSPITALS TO PROVIDE AMBULATORY SURGERIES FOR IND IVIDUALS WHO REQUIRE PROCEDURES NOT COVERED BY INSURANCE NCH PROVIDES OPERATING ROOM PROC EDURES AND RADIOLOGY SERVICES, AND SPECIALIST EVALUATIONS IN 2015, 11 OR PROCEDURES, 2 MIN OR AND RADIOLOGY SERVICES AND 8 SPECIALIST EVALUATIONS WERE PROVIDED FREE OF CHARGE A LEA DING CAUSE OF STROKE IS AN UNHEALTHY LIFESTYLE AND IN RESPONSE TO THIS HEALTH NEED, NCH PR OVIDES A FREE EDUCATION PROGRAM TAUGHT BY A REGISTERED NURSE FOR THE COMMUNITY CLASSES AR E HELD AT SENIOR CENTERS AND OTHER COMMUNITY GATHERING PLACES THE CLASSES DISCUSS HOW UNH EALTHY EATING AND LACK OF EXERCISE CAN LEAD TO HIGH BLOOD PRESSURE, DIABETES, HEART DISEAS E 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 2015 NCH SUBSIDIZES THE KALMANOVITZ CHILD DEVELOPMENT CENTER IN MARIN COUNTY TO SERVE INFANTS THROUGH ADOLESCENTS AND THEIR FAMILIES WITH MENTAL HEALTH COUNSELING, SPEECH THER APY, DEVELOPMENTAL AND EDUCATIONAL ASSESSMENT AND TREATMENT ON A SLIDING FEE SCALE IN 201 5, 449 CHILDREN AGES 1 THROUGH 21 RECEIVED EDUCATIONAL EVALUATIONS, PSYCHIATRIC COUNSELING , OCCUPATIONAL AND PHYSICAL THERAPY AT THE CLINIC SUTTER LAKESIDE HOSPITAL THE 2013-2015 IMPLEMENTATION STRATEGY FOR SUTTER LAKESIDE HOSPITAL (SLH) DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEA LTH OF THE COMMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BEL OW SLH PROVIDES A FOOD BANK DONATION SITE LOCATED IN THE HOSPITAL'S FRONT LOBBY COLLECTI ONS ARE DELIVERED TO LOCAL FOOD BANK 1030 POUNDS OF FOOD WAS DONATED IN 2015 SLH HAS A S TROKE SUPPORT GROUP THAT HELPS IMPROVE THE EMOTIONAL HEALTH AND WELL-BEING OF STROKE PATIE NTS IN 2015, SLH HOSTED MONTHLY CHRONIC ILLNESS & STROKE SUPPORT GROUP MEETINGS THAT ENGA GED MEMBERS OF THE LAKE COUNTY COMMUNITY THE GROUPS RANGED BETWEEN 1-9 MEMBERS THE GROUP ALLOWS STROKE SURVIVORS AND THEIR FAMILIES TO NETWORK WITH OTHER INDIVIDUALS IN THE COMMU NITY AND BUILD UPON SHARED EXPERIENCES, DISCUSS DIFFICULTIES AND PROBLEM-SOLVE AS WELL AS REDUCE EMOTIONAL STRESS PATIENTS ATTENDED THE GROUP 45 TIMES IN 2015 SLH MATCHES SUTTER HEALTHS ANNUAL DONATION TO OUR LOCAL FOOD BANK, AND DONATES MONEY AND MEAT TO FEED THE NEE DY THE FOOD BANK DONATION EXPANDED THE CAPACITY OF LOCAL FOOD BANKS TO SERVE HUNGRY FAMIL IES BECAUSE OF SLHS DONATION, THE TASK FORCE FED 45 NEEDY FAMILIES SLHS PHYSICAL THERAPY DEPARTMENT PROVICES A FREE ARTHRITIS FOUNDATION S

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5 (CONTINUED)	PONSORED EXERCISE CLASS TO IMPROVE MOBILITY AND FUNCTION IN 2015, 100 PERSONS PARTICIPATE D IN THE PROGRAM SUTTER SANTA ROSA REGIONAL HOSPITAL THE 2013-2015 IMPLEMENTATION STRATE GY FOR SUTTER SANTA ROSA REGIONAL HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUN ITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW A SURVEY OF T HE PATIENTS AT VISTA CLINIC, THE LOCAL COMMUNITY HEALTH CENTER, REVEALED THAT MORE THAN 60 % OF THEIR PATIENTS EXPERIENCE REGULAR FOOD INSECURITY AND OFTEN NEED TO MAKE UNHEALTHY FO OD CHOICES BASED ON AFFORDABILITY, OR DON'T EAT AT ALL IN RESPONSE TO THIS HEALTH NEED, S UTTER SANTA ROSA REGIONAL HOSPITAL ENTERED INTO A PARTNERSHIP WITH THE REDWOOD EMPIRE FOOD BANK TO BE A FOOD DROP-OFF LOCATION EACH MONDAY, PATIENTS OF THE VISTA CLINIC ARE INVITE D TO COME AND PICK UP ONE BOX OF HEALTHY, FRESH FOOD FOR THEIR FAMILIES PATIENTS ARE ALSO EDUCATED ABOUT OTHER FOOD PROGRAMS AND FOOD STAMP EXCHANGES AT FARMERS MARKETS IN 2015, 120 FAMILIES RECEIVE ANYWHERE FROM 2000-4000 LBS OF HEALTHY FOOD SUTTER SANTA ROSA REGION AL HOSPITAL SPONSORS A THREE-YEAR TRAINING PROGRAM FOR MEDICAL SCHOOL GRADUATES DESIRING T O BE PRIMARY CARE DOCTORS THE TRAINING IS PROVIDED BY SUTTER PHYSICIANS WHO ARE ALSO ADJU NCT PROFESSORS WITH OUR PARTNER, THE UCSF MEDICAL SCHOOL RESIDENTS ARE TRAINED IN THE HOS PITAL AND IN THE CLINIC SETTING BY CARING FOR PATIENTS UNDER THE CLINICAL SUPERVISION OF F ACULTY SUTTER HAS BEEN SPONSORING THE PROGRAM SINCE 1996, BUT IT HAS EXISTED IN OUR COMMU NITY FOR MORE THAN 40 YEARS FUELING THE PRIMARY CARE PIPELINE IN SONOMA COUNTY IS VITAL T O 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 FAMILY PHYSICIANS TO THE AREA THE IM PACT OF THE SANTA ROSA FAMILY MEDICINE PROGRAM CAN BE MEASURED IN MANY WAYS IN TERMS OF I NCREASING ACCESS TO PRIMARY CARE IN OUR COMMUNITY, THE TWO BIGGEST WAYS OF MEASURING IMPAC T ARE IN THE NUMBERS OF PATIENTS SEEN BY THE RESIDENTS (PRIMARILY LOW-INCOME) AND IN THE N UMBER OF GRADUATES WHO STAY AND PRACTICE IN SONOMA COUNTY FOLLOWING GRADUATION IN 2015, 4 OUT OF 12 GRADUATES ARE PRACTICING IN SONOMA COUNTY ADDITIONALLY, 5 OUT OF 12 GRADUATES ARE PRACTICING EXCLUSIVELY AT LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) THE SANTA R OSA FAMILY MEDICINE RESIDENCY PROGRAM PARTNERS WITH REDWOOD COALITION FOR HEALTH CARE, TO STAFF THEIR SANTA ROSA COMMUNITY HEALTH CENTER VISTA CLINIC WITH 36 FAMILY MEDICINE RESIDE NTS, SUPERVISED BY FACULTY PHYSICIANS THIS PARTNERSHIP ESSENTIALLY OFFERS FREE PHYSICIAN STAFFING TO A CLINIC THAT WOULD OTHERWISE HAVE TO HIRE STAFF PHYSICIANS, PROVIDING A SIGNI FICANTLY INCREASED CAPACITY THAT THE CLINIC WOULD NOT BE ABLE TO SUSTAIN ON ITS OWN 24,76 3 PATIENT VISITS OCCURRED IN 2015 THROUGH THIS PARTNERSHIP, INCLUDING AN APPROXIMATE $1 6 MILLION SAVING TO THE FQHC IN PHYSICIAN SALARIES THE HOMELESS YOUTH MOBILE VAN IS A PARTN ERSHIP BETWEEN THE SANTA ROSA FAMILY MEDICINE RESIDENCY, SANTA ROSA COMMUNITY HEALTH CENTE RS AND SOCIAL ADVOCATES FOR YOUTH (SAY) ONCE PER MONTH, TWO TO THREE RESIDENT PHYSICIANS, A VOLUNTEER COMMUNITY PRECEPTOR, A MEDICAL ASSISTANT AND AN HIV TESTING AND OUTREACH WORK ER GO TO THE SHELTER RUN BY SAY IN A VAN EQUIPPED WITH TWO TREATMENT ROOMS AND MEDICAL SUP PLIES WE OFFER BASIC URGENT CARE SERVICES, SUCH AS TREATMENT OF SKIN INFECTIONS AND RASHE S, ASSESSMENTS OF WOUNDS AND ABRASIONS, GENERAL HEALTH SCREENING, HIV TESTING, REFERRALS F OR FULL STD TESTING, FAMILY PLANNING SERVICES, TESTING AND TREATMENT OF URINARY TRACT INFE CTIONS, SCREENING FOR DIABETES, ETC WHEN WE CANNOT TREAT PATIENTS AT THE VAN WE REFER THE M TO BROOKWOOD HEALTH CENTER FOR MORE COMPREHENSIVE CARE WE ALSO OFFER INITIAL MENTAL HEA LTH CONSULTATIONS AND HAVE EVEN SEEN PATIENTS FOR PRENATAL AND POSTPARTUM VISITS IN ADDIT ION TO THESE SERVICES, WE SPEND TIME HAN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS 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 2015 COMMITMENT OF $843 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 2015, SUTTER HEALTH INVESTED $712 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 2015, SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS WAS $52 MILLION - 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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CPMC-ST LUKE'S CAMPUS 3555 CESAR CHAVEZ STREET SAN FRANCISCO,CA 941104403 WWW CPMC ORG LICENSE 220000070	X	X					X			A
2	CPMC-PACIFIC CAMPUS 2333 BUCHANAN STREET SAN FRANCISCO,CA 941151925 WWW CPMC ORG LICENSE 220000197	X	X					X			A
3	CPMC-CALIF WEST CAMPUS 3700 CALIFORNIA STREET SAN FRANCISCO,CA 941181618 WWW CPMC ORG LICENSE 220000197	X	X					X			A
4	CPMC-EAST CAMPUS 3698 CALIFORNIA STREET SAN FRANCISCO,CA 941181702 WWW CPMC ORG LICENSE 220000197	X	X					X			A
5	CPMC-DAVIES CAMPUS 601 DUBOCE AVENUE SAN FRANCISCO,CA 941173389 WWW CPMC ORG LICENSE 220000197	X	X					X			A
6	NOVATO COMMUNITY HOSPITAL 180 ROLAND WAY NOVATO,CA 949455009 WWW NOVATOCOMMUNITY ORG LICENSE 110000375	X	X					X			
7	SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD LAKEPORT,CA 954636300 WWW SUTTERLAKESIDE ORG LICENSE 110000094	X	X			X		X			
8	SUTTER SANTA ROSA REGIONAL HOSPITAL 30 MARK WEST SPRINGS ROAD SANTA ROSA,CA 954031707 WWW SUTTERSANTAROSA ORG LICENSE 110000005	X	X					X			

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)
1	California Campus - Alzheimers Res Care 3773 Sacramento Street San Francisco, CA 94118	Skilled Nursing Facility
1	Sutter Lakeside Family Medical Clinic 5176 Hill Road East Lakeport, CA 95453	Rural Health Clinic
2	San Francisco Endoscopy Center 3468 California St San Francisco, CA 94118	Outpatient Services
3	California Pacific Medical Center 2100 Webster Street Suite 103 San Francisco, CA 94115	RADIOLOGY/LABORATORY/ Ultrasound Services
4	California Pacific Medical Center 3838 California Street Suite 106 San Francisco, CA 94115	Outpatient Services - LABORATORY/IMAGING
5	California Pacific Medical Center 2351 Clay Street 4th Floor San Francisco, CA 94115	Chronic Dialysis
6	California Pacific Medical Center 2340 Clay Street Suite 114A San Francisco, CA 94115	Outpatient Services - HEART TRANSPLANT CLINIC
7	California Pacific Medical Center 2340 Clay Street 4th Floor San Francisco, CA 94115	Outpatient Services - LIVER, PANCREAS, KIDNEY TRANSPLANT CLINIC
8	California Pacific Medical Center 2340 Clay Street 5th Floor San Francisco, CA 94115	Outpatient Services - OPTHAMOLOGY CLINIC
9	Physical Therapy & Sport Fitness 100 Rowland Way Novato, CA 94945	Outpatient Services
10	Diagnostic Center 165 Rowland Way Novato, CA 94945	Outpatient Services
11	Surgery Transfusion Services 180 Rowland Way Novato, CA 94945	Outpatient Services
12	California Pacific Medical Center 2351 Clay Street Suite 600 San Francisco, CA 94115	Outpatient Services - IES
13	California Pacific Medical Center 2360 Clay Street San Francisco, CA 94115	Outpatient Services - PT, OT & CARDIAC REHAB
14	Imaging Services 1375 Sutter Street San Francisco, CA 94119	Outpatient Services

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)
16	California Pacific Medical Center 1580 Valencia Street Suite 440 San Francisco, CA 94115	Outpatient Services - CHILD DEVELOPMENT
1	California Pacific Medical Center 1625 Van Ness San Francisco, CA 94115	Outpatient Services - CHILD DEVELOPMENT
2	California Pacific Medical Center 101 North El Camino Suite 1 San Mateo, CA 94402	Outpatient Services - HAND THERAPY
3	Terra Linda Health Plaza 4000 Civic Center Drive San Rafael, CA 94903	Outpatient Services
4	Sutter Medical Center Santa Rosa Sports 4729 Hoen Avenue Suite A Santa Rosa, CA 95405	Outpatient Services
5	Presidio Surgery Center 1635 Divisadero Street Suite 200 San Francisco, CA 94115	Outpatient Services
6	California Pacific Advanced Imaging 504 Redwood Blvd 300 Novato, CA 94949	Outpatient Services
7	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 150 San Francisco, CA 94115	OUTPATIENT SERVICES - ALS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 . . . . . ▶ 49

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" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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 IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECTS BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BSA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM NOT MEETING THE GOALS TO HELP IDENTIFY WAYS TO IMPROVE OR PERHAPS RE-EVALUATE WHAT SUCCESS OF THIS PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE FUNDING

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 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 GENERAL HOSPITAL FOUNDATION 2789 25TH ST STE 2028 SAN FRANCISCO,CA 94110	94-3189424	501(C)(3)	2,005,000				GENERAL SUPPORT
PATIENT ASSISTANCE FOUNDATION 2100 WEBSTER ST 100 SAN FRANCISCO,CA 94115	94-2944137	501(C)(3)	507,995				GENERAL SUPPORT
HEALTHRIGHT360 1735 MISSION ST STE 2001 SAN FRANCISCO,CA 94103	94-6129071	501(C)(3)	250,000				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 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 MEDICAL CENTER 229 7TH ST SAN FRANCISCO,CA 94103	23-7304921	501(C)(3)	250,000				GENERAL SUPPORT
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST SAN FRANCISCO,CA 94133	94-1722562	501(C)(3)	205,000				GENERAL SUPPORT
CENTER FOR YOUTH WELLNESS 3450 THIRD ST STE 2A SAN FRANCISCO,CA 94124	45-2527627	501(C)(3)	200,000				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 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
REGENTS OF THE UNIV OF CA UC BERKELEY CPHP 50 UNIVERSITY HALL MC7360 BERKELEY,CA 94720	94-6002123	GOVERNMENT	169,936				GENERAL SUPPORT
NORTHERN CALIFORNIA CENTER FOR WELL BEING 101 BROOKWOOD AVE STE A SANTA ROSA,CA 95404	93-1144835	501(C)(3)	152,609				GENERAL SUPPORT
MISSION NEIGHBORHOOD CENTER 240 SHOTWELL ST SAN FRANCISCO,CA 94110	94-1408150	501(C)(3)	50,000				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 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
MARCH OF DIMES FULFILLMENT CENTER PO BOX 1657 WILKESBARRE,PA 18703	13-1846366	501(C)(3)	37,500				GENERAL SUPPORT
SAN FRANCISCO CHILD ABUSE PREVENTION CENTER 1757 WALLER ST SAN FRANCISCO,CA 94117	94-2455072	501(C)(3)	30,000				GENERAL SUPPORT
TIDES CENTER BODY POSITIVE 2417 PROSPECT ST STE A BERKELEY,CA 94704	94-3213100	501(C)(3)	28,000				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 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
COMPASS FAMILY SERVICES 49 POWELL ST 3RD FL SAN FRANCISCO,CA 94102	94-1156622	501(C)(3)	27,500				GENERAL SUPPORT
GRANT FOUNDATION 2840 LIBERTY AVE STE PITTSBURGH,PA 15222	25-1017587	501(C)(3)	25,987				GENERAL SUPPORT
AMBULATORY SURGERY ACCESS COALITION 1119 MARKET ST STE 400 SAN FRANCISCO,CA 94103	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 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 SERVICES 10 NOTTINGHAM PL SAN FRANCISCO,CA 94133	94-3164091	501(C)(3)	25,000				GENERAL SUPPORT
ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST 4TH FLR SAN FRANCISCO,CA 94109	94-3096109	501(C)(3)	25,000				GENERAL SUPPORT
COMMUNITY CENTER PROJECT OF SF 1800 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 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 INC 1715 BUCHANAN ST SAN FRANCISCO,CA 94115	23-7117402	501(C)(3)	25,000				GENERAL SUPPORT
LATINA BREAST CANCER AGENCY 4271 MISSION ST 2ND FLR SAN FRANCISCO,CA 94112	01-0628124	501(C)(3)	25,000				GENERAL SUPPORT
MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO,CA 94117	94-3189198	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 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 CORP 1550 BRYANT ST STE 450 SAN FRANCISCO,CA 94103	94-2897258	501(C)(3)	24,400				GENERAL SUPPORT
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO,CA 94102	23-7362588	501(C)(3)	20,000				GENERAL SUPPORT
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVE SAN FRANCISCO,CA 94102	94-2917999	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 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 INC 93 SUMMER ST BOSTON,MA 02110	04-3534407	501(C)(3)	19,953				GENERAL SUPPORT
SAN FRANCISCO HEARING SPEECH 1234 DIVISADERO ST SAN FRANCISCO,CA 94115	94-1322198	501(C)(3)	18,373				GENERAL SUPPORT
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK W SPRINGS RD SANTA ROSA,CA 95403	94-2581084	501(C)(3)	18,162				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 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 FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO,CA 94107	94-3041517	501(C)(3)	17,500				GENERAL SUPPORT
SAN FRANCISCO PLANNING & URBAN RSRCH ASSOC 654 MISSION ST SAN FRANCISCO,CA 94105	94-1498232	501(C)(3)	16,000				GENERAL SUPPORT
HOMEWARD BOUND OF MARIN 1385 NO HAMILTON PKWY NOVATO,CA 94949	68-0011405	501(C)(3)	15,385				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 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 165 8TH ST 3RD FL SAN FRANCISCO,CA 94103	94-3096716	501(C)(3)	15,000				GENERAL SUPPORT
FRIENDS OF STAFFORD LAKE BIKE PARK PO BOX 875 KENTFIELD,CA 94914	46-3245759	501(C)(3)	15,000				GENERAL SUPPORT
GLIDE FOUNDATION 330 ELLIS ST SAN FRANCISCO,CA 94102	94-1156481	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 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
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO,CA 94118	94-2978977	501(C)(3)	15,000				GENERAL SUPPORT
MARIN COMMUNITY FOUNDATION DBA CHILDRENS HLTH INITIATIVE 10 NO SAN RAFAEL,CA 94903	94-3007979	501(C)(3)	12,500				GENERAL SUPPORT
ON LOK INC SENIOR HEALTH SERVICES 1333 BUSH ST SAN FRANCISCO,CA 94109	94-3101464	501(C)(3)	11,000				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 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 HEART ASSOCIATION 426 17TH ST STE 300 OAKLAND,CA 94612	13-5613797	501(C)(3)	11,000				GENERAL SUPPORT
CONARD HOUSE INC 1385 MISSION ST STE 200 SAN FRANCISCO,CA 94103	94-1489356	501(C)(3)	10,000				GENERAL SUPPORT
JEWISH VOCATIONAL AND CAREER COUNSELING SVS 17 GEARY ST STE 401 SAN FRANCISCO,CA 94108	94-2213100	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 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 CLINIC PO BOX 1868 NOVATO,CA 94948	94-2237120	501(C)(3)	10,000				GENERAL SUPPORT
HUCKLEBERRY YOUTH PROGRAMS INC 3310 GEARY BLVD SAN FRANCISCO,CA 94118	94-1687559	501(C)(3)	8,800				GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF SONOMA CTY 1300 NO DUTTON AVE SANTA ROSA,CA 95401	94-1648949	501(C)(3)	8,640				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 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
GREATER BAY AREA MAKE A WISH FOUNDATION INC 55 HAWTHORNE ST STE 800 SAN FRANCISCO,CA 94105	94-2958481	501(C)(3)	7,500				GENERAL SUPPORT
GUM MOON RESIDENCE HALL 940 WASHINGTON ST SAN FRANCISCO,CA 94108	94-1156357	501(C)(3)	7,500				GENERAL SUPPORT
MISSION HIRING HALL INC 1048 FOLSOM ST SAN FRANCISCO,CA 94103	94-1750329	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 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 INC 930 TAMALPAIS AVE SAN RAFAEL,CA 94901	94-1422463	501(C)(3)	6,338				GENERAL SUPPORT
YOUNG MENS CHRISTIAN ASSN OF RICHMOND DISTR 360 18TH AVE SAN FRANCISCO,CA 94121	94-0997140	501(C)(3)	6,250				GENERAL SUPPORT
MERITUS COLLEGE FUND PO BOX 29024 SAN FRANCISCO,CA 94129	94-3257076	501(C)(3)	5,625				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 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
LAKE COUNTY HUNGER TASK FORCE PO BOX 1463 KELSEYVILLE,CA 95451	32-0400955	501(C)(3)	5,050				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on 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 THIS 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 ASSURE 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 SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS 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 HEALTHS 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 SUTTERS PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403(B) 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 ELIGIBLE EARNINGS BEYOND THE IRS DEFINITION OF INCLUDIBLE COMPENSATION ("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 457(F)) 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 UNLIKE SUTTER HEALTHS QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTERS 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 THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR CHRISTOPHER WILLRICH - $51,099 MARTIN BROTMAN - $405,115
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% 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 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 SUTTERS 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 HEALTHS OVERALL MISSION, VISION, AND VALUES, SUTTERS 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL COHILL PT-YR REG PRES, WEST BAY (PT YR)	(I)	0	0	0	0	0	0	0
	(II)	730,128	1,294,826	191,091	323,092	-24,450	-2,563,587	555,196
1JEFF GERARD PRESIDENT, SH BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	763,104	627,231	113,133	394,192	-20,626	-1,918,286	406,467
2SARAH KREVANS PRES & COO SH, ASST SEC SWBH	(I)	0	0	0	0	0	0	0
	(II)	1,045,572	888,993	143,129	470,092	-26,048	-2,573,834	559,293
3MICHAEL DUNCHEON VP, REG COUNSEL WB (PART YEAR)	(I)	0	0	0	0	0	0	0
	(II)	374,593	237,367	34,845	94,842	-13,387	-755,034	109,244
4JOHN GATES CFO SUTTER HEALTH BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	633,354	285,096	49,516	163,042	-20,100	-1,151,108	135,078
5KAREN HALL PT-YR CHIEF LEGAL OFFICER, BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	357,431	206,850	24,477	99,242	-17,185	-705,185	107,824
6WARREN BROWNER MD CEO, SAN FRANCISCO HOSPITALS	(I)	0	0	0	0	0	0	0
	(II)	577,330	384,556	76,588	194,692	-19,010	-1,252,176	185,528
7GRANT DAVIES EXECUTIVE VP WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	599,540	438,655	87,177	193,992	-22,481	-1,341,845	281,949
8ANNE BARR REGIONAL CIO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	334,372	199,851	704	87,742	-16,805	-639,474	91,701
9HON-WAI LAM REGIONAL VP & CMO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	473,272	242,494	38,896	113,992	-8,963	-877,617	109,244
10MICHAEL L PURVIS CAO, SMCSR	(I)	0	0	0	0	0	0	0
	(II)	349,374	223,703	38,636	104,442	-15,100	-731,255	140,450
11CHRISTOPHER WILLRICH REG VP, STRATEGY WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	148,939	206,683	319,770	56,457	-7,758	-739,607	105,617
12MARTIN BROTMAN MD SVP SH (FORMER OFFICER)	(I)	0	0	0	0	0	0	0
	(II)	14,892	440,765	1,543,273	57,487	-1,299	-2,057,716	475,122
13PAT FRY PRES & CEO, SH (FRMR OFFICER)	(I)	0	0	0	0	0	0	0
	(II)	1,562,833	1,913,420	365,492	3,592,743	-35,166	-7,469,654	1,281,022
14MAYNARD JENKINS VP, HR BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	350,068	177,062	14,924	79,692	-12,285	-634,031	78,012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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

2015

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	Refunding 5/1/07, 04 & 02		X		X		X
C	CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	Construct & Refunding		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	473,882,520
11	Other spent proceeds	20,204,742	329,041,638	124,025,000	0
12	Other unspent proceeds	0	0	0	22,829,622
13	Year of substantial completion	2011		2014	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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			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		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		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 ▶	0 480 %		1 010 %		0 %		0 250 %	
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 %		0 060 %				0 %	
6	Total of lines 4 and 5	0 480 %		1 070 %				0 250 %	
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		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
	THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF $151,538,114 FROM THE 2007A ISSUE, $55,943,275 FROM THE 2008A ISSUE, $47,569,739 FROM THE 2011D ISSUE AND $187,683,000 FROM THE 2013A ISSUE
SCHEDULE K, PART I, COLUMN (E)	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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.

OMB No 1545-0047

2015

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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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	212,564	SEE PART V		No
(2) ANTHONY WAGNER	SEE PART V	74,634	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, AND ANTHONY WAGNER, TRUSTEE, OF SUTTER WEST BAY HOSPITALS (SWBH) EACH HAVE A FAMILY MEMBER WHO WORKS FOR SWBH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	8,458	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	50,000	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SF 49ER TICKETS)	X	1	812	FMV
26 Other ▶ (GIFT CERTIFICATE)	X	1	500	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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

2015

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT WE ENHANCE THE WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH OUR COMMITMENT TO COMPASSION, EXCELLENCE, INNOVATION AND A FULL CONTINUUM OF HEALTH CARE SERVICES

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS GENERAL DESCRIPTION SUTTER WEST BAY HOSPITALS WAS FORMED IN JANUARY 1, 2010 IT CONSISTS OF FOUR HOSPITALS CALIFORNIA PACIFIC MEDICAL CENTER, NOVATO COMMUNITY HOSPITAL, SUTTER SANTA ROSA REGIONAL HOSPITAL, AND SUTTER LAKESIDE HOSPITAL THERE WERE A TOTAL OF 225,007 PATIENT DAYS FOR 2015 CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NOT-FOR-PROFIT, TEACHING MEDICAL CENTERS IN CALIFORNIA CPMC IS A TERTIARY REFERRAL CENTER PROVIDING ACCESS TO LEADING EDGE MEDICINE WHILE DELIVERING THE BEST POSSIBLE PERSONALIZED CARE IT PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, HOSPICE SERVICES, PREVENTIVE AND COMPLEMENTARY CARE, AND HEALTH EDUCATION CPMC COMPRISES OF FOUR OF THE OLDEST HOSPITALS IN SAN FRANCISCO THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SAN FRANCISCOS 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 THE 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 FORMED IN THE 1870S HAS BEEN PROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 140 YEARS TOGETHER THE DAVIES, CALIFORNIA, PACIFIC AND ST LUKES CAMPUSES COMPRISE CPMCS 1,154 LICENSED BEDS NOVATO COMMUNITY HOSPITAL (NOVATO) HAS SERVED THE NORTHERN MARIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961 IN 1985, THE HOSPITAL BECAME A SUTTER HEALTH AFFILIATE THE NOVATO FACILITY IS A 47-BED ACUTE CARE HOSPITAL LOCATED AT 180 ROWLAND WAY AND IS NOTED FOR ITS ORTHOPEDIC SURGERY PROGRAM SUTTER SANTA ROSA REGIONAL HOSPITAL (SSRRH), FORMERLY SUTTER MEDICAL CENTER SANTA ROSA, HAS A LONG HISTORY IN SONOMA COUNTY DATING BACK TO 1866 WHEN THE FIRST HOSPITAL OPENED IN 1996, SSRRH BECAME AN AFFILIATE OF SUTTER HEALTH A NEW STATE-OF-THE ART MEDICAL FACILITY OPENED WITH A NEW NAME IN OCTOBER 2014 WITH A FULL RANGE OF FIVE-STAR PERSONALIZED CARE SERVICES THE HOSPITAL WAS RELOCATED TO 30 MARK WEST SPRINGS ROAD, SANTA ROSA, CA SUTTER LAKESIDE HOSPITAL (LAKESIDE) IS A 25-BED CRITICAL ACCESS HOSPITAL AND IS ONE OF ONLY TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUNTY IN 1992, THE HOSPITAL AFFILIATED WITH SUTTER HEALTH SUTTER LAKESIDE PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, SURGICAL SERVICES, FAMILY BIRTH SERVICES, PREVENTIVE CARE, PRIMARY CARE THROUGH OUR CLINICS AND HEALTH EDUCATION SWBH CARED FOR NEARLY 661 ADULT & PEDIATRIC INPATIENTS A DAY, ITS SEVEN EMERGENCY ROOMS ATTRACTED 405 VISITS A DAY, AND AT LEAST 73 SURGERIES A DAY WERE PERFORMED IN ITS FACILITIES SEE ADDITIONAL DETAIL BELOW ON PATIENT ACTIVITY BY LOCATION SWBH 2015 PATIENT ACTIVITY TOTAL ER VISITS 147,828 ACUTE DISCHARGES (INCL PSYCH, REHAB) 38,229 SNF/ALZHEIMER/SUB ACUTE DISCHARGES 1,096 TOTAL DISCHARGES 39,235 DELIVERIES 7,568 TRANSPLANTS 305 SWBH CLINICAL PROGRAMS INCLUDE - ASTHMA EDUCATION PROGRAM - BREAST FEEDING CENTERS - BREAST HEALTH CENTERS - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANCER RECOVERY PROGRAMS - COMING HOME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY HEALTH RESOURCE CENTER - COMPREHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRAM - END-STAGE ORGAN FAILURE/TRANSPLANTATION PROGRAMS (HEART, KIDNEY, LIVER, PANCREAS) - FORBES NORRIS MDA/ALDS CENTER - HAND CLINIC - HOSPITALIST PROGRAM - INSTITUTE FOR HEALTH AND HEALING - IRENE SWINDELLS ALZHEIMER'S RESIDENTIAL CARE CENTER - LIONS EYE CLINIC - LOW VISION REHABILITATION CENTER - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFIC VISION FOUNDATION - PALLIATIVE CARE PROGRAM - PEDIATRIC SPECIALTY SERVICES - REHABILITATION SERVICES (ACUTE AND OUTPATIENT) - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTITUTE (THEY ARE INDEPENDENT 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 - ALZHEIMER'S - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVICES - CARDIOVASCULAR SERVICES - CLINICAL LABORATORY - COMPLEMENTARY MEDICINE - COMPREHENSIVE STROKE SERVICES - CRITICAL CARE SERVICES - DIABETES SERVICES (ADULT & PEDIATRIC) - DIAGNOSTIC SERVICES/LABORATORIES - DIALYSIS SERVICES - EMERGENCY SERVICES - EPILEPSY - GASTROENTEROLOGY DISEASE SERVICES - HOME HEALTH & HOSPICE - INTERVENTIONAL ENDOSCOPY SERVICES - KALMONOVITZ CHILD DEVELOPMENT CENTERS - MEDICAL TRANSPORT SERVICES - MICROSURGERY AND LIMB SALVAGE SERVICES - NEONATAL INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOGY SURGERY - NUCLEAR MEDICINE - NUTRITION AND WEIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OPHTHALMOLOGY - ORGAN TRANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT CLINICS & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEPARTMENT - PEDIATRIC SERVICES/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/AMBULATORY SURGERY - URGENT CARE CENTER - VENTRICULAR ASSIST DEVICE (VAD) PROGRAM - WOMEN'S HEALTH PROGRAMS - WOUND CARE NON-CLINICAL SERVICES INCLUDE - ADMINISTRATIVE SERVICES - CHAPLAINCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING MEDICAL EDUCATION - INTERPRETER SERVICES - PATIENT SERVICES - RESEARCH INSTITUTE - SURGICAL TRAINING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - SUTTER LAKESIDE FOUNDATION

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED COMMUNITY BENEFITS THE FOUR MEDICAL CENTERS IN SUTTER 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 COMMUNITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNITIES THE HOSPITALS COMMUNITY BENEFIT REPRESENTATIVES WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS WHILE SUTTER WEST BAY REGIONAL MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE AFFILIATES MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED IN FISCAL YEAR 2015, SUTTER WEST BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF $144 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED $11 7 MILLION IN TRADITIONAL CHARITY CARE, $108 MILLION IN THE UNPAID COSTS OF MEDICAID, $6 2 MILLION IN COSTS FOR OTHER MEANS-TESTED PROGRAMS, AND $18 1 MILLION IN OTHER BENEFITS FOR THE POOR AND UNDERSERVED IN ADDITION, SUTTER WEST BAY HOSPITALS PROVIDED AN ADDITIONAL $56 6 MILLION IN BENEFITS FOR THE BROADER COMMUNITY, FOR A TOTAL OF $200 6 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS IN ADDITION, THE FOLLOWING ARE HIGHLIGHTS BY HOSPITAL OF QUANTIFIABLE COMMUNITY BENEFITS CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IN 2015, CPMC PROVIDED $129 8 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED AND $40 7 MILLION IN BENEFITS TO THE BROADER COMMUNITY, FOR A TOTAL OF $170 5 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS CPMC SUSTAINS ROBUST MEDICAL, NURSING, AND ALLIED HEALTH PROFESSIONS RESIDENCY PROGRAMS AS WELL AS A RESEARCH INSTITUTE THAT PROVIDES SIGNIFICANT COMMUNITY BENEFIT CPMC SERVED 38,000 UNDUPLICATED MEDI-CAL AND CHARITY CARE PATIENTS IN 2015 CPMC IS A MEMBER OF THE SAN FRANCISCO CHARITY CARE PARTNERSHIP AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP) CONSORTIUMS LED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH THESE CONSORTIUMS CONSIST OF REPRESENTATIVES FROM ALL OF THE CITYS HOSPITALS AND OTHER HEALTHCARE-RELATED NON-PROFIT STAKEHOLDERS CONSORTIUM MEMBERS CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT AS REQUIRED BY THE STATE AND FEDERAL GOVERNMENTS, AND COORDINATE EFFORTS TO ADDRESS THE CITYS HEALTH DISPARITIES IN SPECIFIC AT-RISK NEIGHBORHOODS OR VULNERABLE POPULATIONS THE 2013-2015 COMMUNITY NEEDS ASSESSMENT IDENTIFIED THREE COMMUNITY HEALTH PRIORITIES, THESE PRIORITIES GUIDE 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, INCLUDING THE FOLLOWING - ST LUKES HEALTH CARE CENTER (ADULT, PEDIATRIC, AND WOMENS CLINICS) - KALMANOVITZ CHILD DEVELOPMENT CENTER (COMPREHENSIVE DEVELOPMENTAL ASSESSMENT AND TREATMENT PROGRAMS FOR INFANTS, PRESCHOOLERS, SCHOOL-AGE CHILDREN, AND FAMILIES) - BAYVIEW CHILD HEALTH CENTER (PRIMARY CARE FOR LOW-INCOME CHILDREN) - AFRICAN AMERICAN AND SISTER TO SISTER BREAST HEALTH PROGRAMS, AND ST LUKES BREAST HEALTH PARTNERSHIPS (CANCER SCREENING AND PREVENTION) - COMING HOME HOSPICE (24-HOUR CARE FOR TERMINALLY ILL CLIENTS AND THEIR FAMILIES REGARDLESS OF ABILITY TO PAY) - JOINT VENTURE HEALTH (DEVELOPMENTAL SERVICES FOR CHILDREN 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 FOR INPATIENT AND SELECT OUTPATIENT SERVICES FOR ALMOST 32,000 MEDI-CAL AND HEALTHY KIDS MEMBERS) - HEALTHY SAN FRANCISCO (PROVIDE FREE HOSPITALIZATION AND SELECT SPECIALTY CARE TO HSF 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 INDIVIDUALS) - OPERATION ACCESS (FREE DIAGNOSTIC SCREENINGS, SPECIALTY PROCEDURES, AND SURGICAL CARE TO LOW-INCOME UNINSURED) - PROJECT HOMELESS CONNECT (MEDICAL AND SOCIAL SERVICES TO THE HOMELESS) - SAN FRANCISCO GENERAL HOSPITAL DIAGNOSTICS (FREE ECHOCARDIOGRAMS AND OTHER DIAGNOSTIC SCREENINGS PROVIDED TO LOW-INCOME OR UNINSURED SFGH PATIENTS) 2 INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY CPMC MANAGES OR FUNDS PROGRAMS 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 CHILD HEALTH CENTERS NUTRITION SERVICES, WILLIAM MCKINLEY ELEMENTARY SCHOOLS NOON HOUR WELLNESS PROGRAM, AND DE MARILLAC ACADEMYS HEALTH CHAMPIONS PROGRAM 3 ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS CPMCS COMMUNITY HEALTH GRANTS AND SPONSORSHIPS PROGRAM SUPPORT ORGANIZATIONS THAT PROMOTE SAFE AND HEALTHY LIVING ENVIRONMENTS, INCLUDING THE FOLLOWING - APA FAMILY SUPPORT SERVICES (SUPPORT SERVICES TO ASIAN/PACIFIC ISLANDER CHILDREN AND FAMILIES TO PREVENT CHILD ABUSE AND DOMESTIC VIOLENCE) - THE CENTER FOR YOUTH WELLNESS (TRAUMA-INFORMED PEDIATRIC CARE THAT ADDRESSES THE ROOT CAUSES OF POOR HEALTH OUTCOMES FOR CHILDREN AND YOUTH IN HIGH-RISK COMMUNITIES) - CHINATOWN COMMUNITY DEVELOPMENT CENTER (NEIGHBORHOOD ADVOCATES, COMMUNITY ORGANIZERS, PLANNERS, DEVELOPERS, AND MANAGERS OF AFFORDABLE HOUSING) - SAN FRANCISCO CHILD ABUSE PREVENTION CENTER AND THE CHILD ADVOCACY CENTER (SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES, EDUCATION FOR CHILDREN, CAREGIVERS AND SERVICE PROVIDERS, AND ADVOCACY FOR SYSTEMS IMPROVEMENT AND COORDINATION) - KIMOCHI (JAPANESE LANGUAGE-BASED SERVICES FOR SENIORS, INCLUDING IN-HOME SUPPORT SERVICES, TRANSPORTATION, SOCIAL SERVICES, RESIDENTIAL/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 2015, SSRRH PROVIDED $10 2 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED AND $11 3 MILLION IN BENEFITS FOR THE BROADER COMMUNITY, FOR A TOTAL OF $21 5 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS COMMUNITY COLLABORATION SSRRH IS AN ACTIVE PARTNER IN MANY INNOVATIVE AND IMPORTANT COMMUNITY COLLABORATIONS THAT SEEK TO DEVELOP ACTIONABLE STRATEGIES IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY, PARTICULARLY AROUND ACCESS TO HEALTH AND DENTAL CARE. BELOW IS A PARTIAL LIST OF WORKGROUPS AND PROGRAMS - COVERED SONOMA - SONOMA HEALTH ALLIANCE - HEALTH ACTION - FLUORIDE ADVISORY COUNCIL - DENTAL HEALTH NETWORK - HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE - DRUG FREE BABIES - SONOMA COUNTY 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 COMMUNITY BENEFIT IMPLEMENTATION PLAN UPDATES THE 2014-2016 IMPLEMENTATION PLANS (UNDER THE NEW FEDERAL GUIDELINES OF THE AFFORDABLE CARE ACT) WAS COMPLETED IN DECEMBER OF 2013 THE PLAN AND 2015 UPDATES CAN BE FOUND AT WWW SUTTERSANTAROSA ORG/COMMUNITY NOVATO COMMUNITY HOSPITAL (NOVATO) NOVATO COMMUNITY HOSPITAL SERVES MARIN COUNTY, AS WELL AS PORTIONS OF SOUTHERN SONOMA COUNTY IN 2015, NOVATO PROVIDED A TOTAL OF $6 2 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS NOVATO IS A MEMBER OF THE HEALTHY MARIN PARTNERSHIP A COLLABORATION OF THE THREE MARIN HOSPITALS KAISER PERMANENTE SAN RAFAEL, MARIN GENERAL HOSPITAL, AND NOVATO COMMUNITY HOSPITAL THE GROUP WAS INITIALLY FORMED 16 YEARS AGO TO RESPOND TO CALIFORNIA SB697, WHICH REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT 2012 WAS THE FIRST YEAR OF AN ACCOUNTABLE CARE ACT FEDERAL MANDATE THAT 501(C)(3) HOSPITALS CONDUCT A TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT NCH AGAIN WORKED WITH ITS HOSPITAL PARTNERS AND HMP TO COMPLETE THIS MORE PRESCRIPTIVE FEDERAL REQUIREMENT THIS REPORT AND AN IMPLEMENTATION PLAN ARE FILED WITH THE IRS IN TAX YEAR 2014 THE HOSPITALS HAVE AGREED TO CONTINUE THIS RELATIONSHIP TO MAKE THE BEST USE OF THEIR COMMUNITY BENEFIT RESOURCES NCH WILL FILE ANNUAL PROGRESS REPORTS ON THE 2014 PLAN IN 2015 AND 2016

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED SUTTER LAKESIDE HOSPITAL (LAKESIDE) IN 2015, LAKESIDE PROVIDED A TOTAL OF NEARLY $2 5 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS THE POPULATION SERVED INCLUDES A HIGH PERCENTAGE OF FAMILIES WHOSE LOW INCOME AFFECTS THEIR ACCESS TO HEALTH CARE SUTTER LAKESIDE'S COMMUNITY BENEFITS STRATEGY INCLUDES PREVENTIVE CARE, CLINICAL EDUCATION, AND SUBSIDIZING HEALTH SERVICES LAKESIDE PREVENTIVE 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 LAKESIDES ROLE IN CLINICAL EDUCATION IS TO PROVIDE OPPORTUNITIES FOR STUDENTS FROM MULTIPLE CLINICAL PROGRAMS TO APPLY THEIR LEARNING UNDER THE GUIDANCE AND SUPERVISION OF LAKESIDES STAFF FINALLY, LAKESIDE SUBSIDIZES THE OPERATING COSTS OF HEALTH SERVICES THAT ARE CRUCIAL TO THE HEALTH AND WELL-BEING OF THE COMMUNITY, INCLUDING, EMERGENCY DEPARTMENT, FAMILY MEDICINE CLINIC, SUTTER LAKESIDE COMMUNITY CLINIC, MOBILE HEALTH CLINIC, AND BIRTH CENTER MAY 15, 2015, THE MOBILE HEALTH CLINIC WAS CLOSED AND THE VAN WAS DONATED TO CENTRAL VALLEY CHARITY, CHILDRENS CRISIS CENTER OF STANISLAUS COUNTY CPMC RESEARCH INSTITUTE FOSTERING CLOSE COLLABORATIONS AMONG SCIENTISTS WITHIN THE SUTTER HEALTH SYSTEM AND AT PARTNERING INSTITUTIONS, THE CPMC RESEARCH INSTITUTE (CPMCRI) IS A UNIQUE CENTER FOR TRANSLATIONAL RESEARCH OUR INVESTIGATORS TAKE A CROSS-DISCIPLINARY APPROACH TO DISCOVERY RESEARCH IN COMMON HUMAN ILLNESSES-TRANSFORMING LABORATORY FINDINGS INTO NEW DIAGNOSTICS, PERSONALIZED THERAPIES, AND SUCCESSFUL CLINICAL STUDIES OVER 80 CLINICAL INVESTIGATORS AT CPMC AND ACROSS THE SUTTER WEST BAY AREA LEAD INNOVATIVE RESEARCH INTO COMMON, CHRONIC ILLNESSES THAT IMPACT MILLIONS OF AMERICANS OUR INVESTIGATORS MERGE RESEARCH INSTITUTE INTERESTS 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, BEHAVIORAL SCIENTISTS, BIOSTATISTICIANS, PHYSICIANS AND COMPUTER SCIENTISTS WORK WITHIN THE RESEARCH INSTITUTE AND THE MEDICAL CENTER INNOVATIVE BIOMEDICAL RESEARCH IS CONDUCTED IN SUCH DIVERSE AREAS AS AGING, ARTHRITIS, EPILEPSY, DIABETES, NEUROBIOLOGY OF PAIN, CARDIOVASCULAR DISEASE, OSTEOPOROSIS, ORGAN TRANSPLANTATION, NEURODEGENERATIVE DISEASES (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 THE FUNCTION OF CERTAIN HUMAN CELLS, GENES, PROTEINS AND OTHER FUNDAMENTAL STRUCTURES WITHIN OUR BODIES LARGE MULTI-CENTER STUDIES IN WOMEN'S HEALTH, AGING, COGNITIVE FUNCTION, CARDIOVASCULAR DISEASE, BREAST CANCER PREVENTION, OSTEOPOROSIS, AND ARTHRITIS INITIATED AT CPMCRI IN PARTNERSHIP WITH THE SAN FRANCISCO COORDINATING CENTER HAVE SIGNIFICANTLY ADVANCED RESEARCH INTO COMMON, CHRONIC ILLNESSES OUR STUDIES ON LONGEVITY HAVE ACCUMULATED THE LARGEST, RICHEST DATASETS ABOUT AGING IN THE U S LARGE-COHORT STUDIES IN OSTEOPOROSIS AND BREAST CANCER HAVE YIELDED SOME OF THE MOST POWERFUL DATASETS IN THE U S TO HELP IMPROVE THE TREATMENT OF THESE ILLNESSES OVER 200 CLINICAL TRIALS, SPONSORED BY PHARMACEUTICAL, BIOTECHNOLOGY AND THE NATIONAL CANCER INSTITUTE, ARE CURRENTLY CONDUCTED AT THE MEDICAL CENTER AND AFFILIATED SUTTER PACIFIC MEDICAL FOUNDATION CLINICS THROUGH THE CPMCRI OFFICE OF CLINICAL RESEARCH OUR SCIENTISTS RECEIVED MORE THAN $16 MILLION IN RESEARCH FUNDING IN 2015 ONE OF OUR KEY PRIORITIES LIES IN TRAINING THE NEXT GENERATION OF CLINICIAN-SCIENTISTS CPMCRI OFFERS RESOURCES FOR RESIDENTS AND FELLOWS AT CPMC 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 RESEARCH FACULTY OUR BASIC SCIENCE DISCOVERY LABS ALSO OFFER POST-DOCTORAL FELLOWSHIP TRAINING, AND CAN PROVIDE A MENTORED RESEARCH EXPERIENCE FOR VOLUNTEERS WHO WISH TO PURSUE A CAREER IN BASIC SCIENCE HEALTH EDUCATION AND TRAINING TWO OF THE FOUR SUTTER WEST BAY HOSPITALS HAVE FORMAL HEALTH EDUCATION AND TRAINING PROGRAMS SUTTER SANTA ROSA REGIONAL HOSPITAL 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 SHORTAGE IN SONOMA COUNTY THE RESIDENCY HAS BEEN THE LARGEST SINGLE SOURCE OF FAMILY PHYSICIANS TO SONOMA COUNTY FOR OVER 80 YEARS, RESIDENCY GRADUATES COMPRISE NEARLY HALF OF FAMILY PHYSICIANS IN SONOMA COUNTY RESIDENCY GRADUATES FILL POSITIONS IN PRIVATE PRACTICES, COMMUNITY CLINICS, AND LARGE MEDICAL GROUPS SUCH AS SUTTER MEDICAL GROUP OF THE REDWOODS, THE PERMANENTE MEDICAL GROUP, LOCAL COMMUNITY HEALTH CENTERS, AND SONOMA COUNTY HEALTH SERVICES AND LEADERSHIP POSITIONS THROUGHOUT THE MEDICAL COMMUNITY THE THREE-YEAR PROGRAM IS AFFILIATED WITH THE UCSF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE CALIFORNIA PACIFIC MEDICAL CENTER PROVIDES A MODEL OF SPECIALTY CARE BY BLENDING EXCELLENCE IN ACADEMICS AND RESEARCH WITH A FOCUS ON PATIENT-CENTERED CARE CPMC IS A MAJOR TEACHING AFFILIATE OF THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH (FORMERLY DARTMOUTH MEDICAL SCHOOL), PROVIDING CORE CLERKSHIPS IN INTERNAL MEDICINE, PSYCHIATRY, NEUROLOGY, FAMILY MEDICINE, PEDIATRICS AND OBSTETRICS-GYNECOLOGY ADDITIONAL CORE CLERKSHIPS IN SURGERY AND OBSTETRICS-GYNECOLOGY ARE PROVIDED FOR MEDICAL STUDENTS FROM UCSF MEDICAL STUDENTS FROM OTHER PRESTIGIOUS SCHOOLS ARE GRANTED A RANGE OF FINAL-YEAR ELECTIVES AND SUB-INTERNSHIPS IN DEPARTMENTS WHICH SPONSOR RESIDENCIES HERE THE GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS OFFERED AT CPMC ARE OF THE HIGHEST CALIBER WITH CPMCS PHYSICIANS EMBRACING THE ROLE OF EDUCATORS AS WELL AS CLINICIANS RESIDENCIES AND FELLOWSHIPS EDUCATE PHYSICIANS IN SPECIFIC SPECIALTIES CPMC HAS INDEPENDENT RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, PSYCHIATRY, RADIATION ONCOLOGY, OPHTHALMOLOGY, CARDIOVASCULAR DISEASES, GASTROENTEROLOGY, PULMONARY/CRITICAL CARE MEDICINE, HEPATOLOGY/TRANSPLANT, ENDOCRINOLOGY, HAND SURGERY, KIDNEY TRANSPLANT, NEUROCRITICAL CARE, MRI, RETINA, OCULOPLASTIC SURGERY, MELANOMA SURGERY, AND SHOULDER SURGERY CPMC ALSO OFFERS TRAINING IN SURGERY, ORTHOPEDIC SURGERY, AND PLASTIC SURGERY TO UCSF RESIDENTS IN ADDITION, CPMC IS A TRAINING SITE FOR OPERATING ROOM NURSING STUDENTS, PHYSICIAN ASSISTANT STUDENTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS AND SURGICAL TECHNOLOGISTS IN ADDITION TO THE AFOREMENTIONED EDUCATIONAL PROGRAMS FOR MEDICAL STUDENTS (UNDERGRADUATE MEDICAL EDUCATION) AND RESIDENTS/FELLOWS (GRADUATE MEDICAL EDUCATION), CPMC PROVIDES AN EXTENSIVE SELECTION OF CONTINUING MEDICAL EDUCATION THROUGH ITS NUMEROUS CONFERENCES FOR PHYSICIANS IN PRACTICE CPMCS PHYSICIANS ALSO PROVIDE OUTREACH PROGRAMS IN CONTINUING MEDICAL EDUCATION LOCALLY, REGIONALLY, AND NATIONALLY

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE AFFAIRS AND MANAGEMENT OF SUTTER WEST BAY HOSPITALS (SWBH) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SWBH DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE CONSISTS OF SWBH'S CHAIR WHO SERVES AS CHAIR OF THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE PRESIDENT OF SWBH AND UP TO NINE ADDITIONAL DIRECTORS AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR FORM 990, PART VI, LINE 4 BOARD COMPOSITION CHANGES FORMER THE BOARD OF DIRECTORS SHALL CONSIST OF BETWEEN 5 AND 20 DIRECTORS REVISED THE BOARD OF DIRECTORS SHALL CONSIST OF BETWEEN 17 AND 25 DIRECTORS FORMER AT LEAST 3 PHYSICIANS SHALL BE MEMBERS OF THE BOARD REVISED BETWEEN 3 AND 8 PHYSICIANS SHALL BE MEMBERS OF THE BOARD FORMER A MAJORITY OF THE MEMBERS OF THE BOARD SHALL BE BROADLY REPRESENTATIVE OF THE AREAS SERVED BY THE CORPORATION REVISED BETWEEN 11 AND 14 INDIVIDUALS FROM THE COMMUNITY SHALL BE NOMINATED BY THE BOARD OF THE CORPORATION AND APPOINTED BY THE GENERAL MEMBER THESE INDIVIDUALS SHOULD TOGETHER REFLECT A BREADTH OF DIVERSITY AND BE CHOSEN FOR THEIR WILLINGNESS AND ABILITY TO EFFECTIVELY CONTRIBUTE TO AND SUPPORT THE OBJECTIVES OF THE CORPORATION AND THE GENERAL MEMBER FORMER NO APPOINTED DIRECTOR MAY SERVE FOR MORE THAN NINE (9) CONSECUTIVE YEARS REVISED NO APPOINTED DIRECTOR MAY SERVE FOR MORE THAN TEN (10) CONSECUTIVE YEARS 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 APPROVAL & 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 MANAGEMENT &/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 2015

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO GENERAL 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) 160,000,127 PARTNERSHIP INCOME BOOKED ON RETURN 13,558,631 K-1 ORDINARY INCOME (12,961,403) K-1 INTEREST INCOME (19,498) K-1 ORDINARY DIVIDENDS (29,342) K-1 SHORT TERM CAPITAL GAIN (6,851) K-1 LONG TERM CAPITAL GAIN (254,398) K-1 SECTION 1231 GAIN (10,208) K-1 RENTAL INCOME (128,468) K-1 1250 GAIN (38) K-1 ROYALTY INCOME (6,035) K-1 OTHER INCOME (3,309) PRIOR PERIOD ADJ 7,981 OTHER ADJ TO BEG BALANCE 39,652 ---------- 160,186,868

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314029426

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

2015

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	0	716,321	N/A

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

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

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

		Yes	No
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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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		
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	Yes	
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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
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	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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
ADOLESCENT TREATMENT CENTERS INC C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
BETTER HEALTH EAST BAY FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
CALIFORNIA PACIFIC MEDICAL CTR FOUND C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
EDEN MEDICAL CENTER C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2948100	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
MEMORIAL HOSPITAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
MILLS-PENINSULA HEALTH SERVICES C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
MILLS-PENINSULA HOSPITAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
PALO ALTO MEDICAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SAMUEL MERRITT UNIVERSITY 450 30TH STEET SUITE 2820 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
SUTTER AUBURN FAITH HOSPITAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER CENTRAL VALLEY HOSPITALS C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER COAST HOSPITAL C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER DAVIS HOSPITAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER EAST BAY HOSPITALS C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER EAST BAY MEDICAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2690415	HEALTHCARE	CA	501(C)(3)	11B-II	SUTTER HLTH	Yes	
SUTTER GOULD MEDICAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
SUTTER HEALTH PACIFIC 91-2301 FORT WEAVER ROAD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH PLAN C/O SH Tax 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
SUTTER HEALTH SACRAMENTO SIERRA REGION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SVS	HI	501(C)(3)	11C III-FI	SUTTER HLTH	Yes	
SUTTER MEDICAL CENTER FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER MEDICAL CENTER CASTRO VALLEY C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER VALLEY MEDICAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER SOLANO CHARITABLE FOUNDATION C/o SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER VISITING NURSE ASSOC AND HOSPICE C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
SUTTER WEST BAY MEDICAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
TRACY HOSPITAL FOUNDATION C/O SH Tax 2200 River Plaza Drive SACRAMENTO, CA 95833 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?		(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	
MAGNETIC IMAGING AF 2125 OAK GROVE RD WALNUT CREEK, 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 2125 OAK GROVE RD WALNUT CREEK, 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	2,383,715	1,167,288		No	0	Yes		51 000 %
SAN FRANCISCO ENDOSCOPY CENTER LLC 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	SWBH	RELATED	4,279,723	1,714,548		No	0	Yes		51 000 %
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	SWBH	RELATED	6,304,637	4,340,358		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				No	0	Yes		50 000 %
DRZ EMERGING MARKETS LP 250 PARK AVE SOUTH SUITE 250 WINTER PARK, FL 32789 61-1729869	INVESTMENTS	FL	NA									
ASC OPERATORS-SLO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-2673776	PATIENT CARE	CA	NA									

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?		(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	
MAGNETIC IMAGING AFFILIATES LLC 2125 OAK GROVE RD STE 200 WALNUT CREEK, CA 94598 47-3696091	PATIENT CARE	CA	NA									

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
(1)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	12,444,820	FMV
(1)	SUTTER INSURANCE SERVICES CORPORATION	P	8,370,085	FMV
(2)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	R	8,291,184	FMV
(3)	SUTTER WEST BAY MEDICAL FOUNDATION	Q	7,874,253	FMV
(4)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	P	2,017,321	FMV
(5)	SUTTER WEST BAY MEDICAL FOUNDATION	P	915,265	FMV
(6)	SUTTER WEST BAY MEDICAL FOUNDATION	B	467,954	FMV
(7)	SUTTER HEALTH PLAN	S	282,221	FMV
(8)	SUTTER WEST BAY MEDICAL FOUNDATION	k	242,401	FMV
(9)	SUTTER EAST BAY HOSPITALS	Q	121,384	FMV
(10)	SUTTER MEDICAL CENTER CASTRO VALLEY	Q	108,992	FMV
(11)	SUTTER WEST BAY MEDICAL FOUNDATION	J	105,964	FMV
(12)	MILLS-PENNINSULA HEALTH SERVICES	Q	72,216	FMV
(13)	PALO ALTO MEDICAL FOUNDATION	P	66,807	