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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable

☐	Address change
☒	Name change
☐	Initial return
☐	Final return/terminated
☐	Amended return
☐	Application pending

C Name of organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

C/O SH TAX 2200 RIVER PLAZA DR

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

SACRAMENTO, CA 95833

F Name and address of principal officer JEFF GERARD

SAME AS C ABOVE

D Employer identification number

94-0562680

E Telephone number

(916) 286-6665

G Gross receipts \$ 2,398,612,250.

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐

If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW.SUTTERHEALTH.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1854 M State of legal domicile CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 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 2016 (Part V, line 2a)

5 12,484.

6 Total number of volunteers (estimate if necessary)

6 1,715.

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 2,311,868.

b Net unrelated business taxable income from Form 990-T, line 34

7b 0.

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
27,736,162.	38,032,397.

9 Program service revenue (Part VIII, line 2g)

1,693,627,687. 2,299,467,712.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

38,051,251. 28,099,950.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

10,629,760. 8,620,891.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,770,044,860. 2,374,220,950.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

4,599,787. 3,490,507.

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)

859,877,495. 1,114,342,196.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0. 0.

b Total fundraising expenses (Part IX, column (D), line 25)

683,785.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

806,415,144. 1,088,776,607.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,670,892,426. 2,206,609,310.

19 Revenue less expenses Subtract line 18 from line 12

99,152,434. 167,611,640.

20 Total assets (Part X, line 16)

Beginning of Current Year	End of Year
2,346,573,126.	4,124,139,690.

21 Total liabilities (Part X, line 26)

645,594,382. 2,270,521,747.

22 Net assets or fund balances Subtract line 21 from line 20

1,700,978,744. 1,853,617,943.

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

JOHN GATES

Type or print name and title

CFO

Date

11.09.2017

Paid

Preparer

Use Only

Print/Type preparer's name

DEBRA HEISKALA

Preparer's signature

Debra Heiskala

Date

11/08/17

Check ☐ If self-employed

PTIN

P00649485

Firm's name ERNST & YOUNG U.S. LLP

Firm's EIN 34-6565596

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

JSA
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OGDEN, UT

PAGE 1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 \$ 1,939,822,375 including grants of \$ 3,490,507) (Revenue \$ 2,299,467,712)

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 ► 1,939,822,375.

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)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 1,919		
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	X	
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 12,484		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

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?		X
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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?	X	
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?	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ 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			
(1) CHRISTOPHER BECNEL TRUSTEE	2.00 8.00	X						0.	0.	0.
(2) DIANA BELL TRUSTEE	2.00 8.00	X						0.	0.	0.
(3) DAVID BLACK, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(4) WILLIAM BRUNETTI TRUSTEE	2.00 8.00	X						0.	0.	0.
(5) RICHARD CARY HILL, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(6) EILEEN CONSORTI, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(7) THEODORE DEIKEL TRUSTEE	2.00 8.00	X						0.	0.	0.
(8) EMIL ROY EISENHARDT TRUSTEE	2.00 8.00	X						0.	0.	0.
(9) ERIC FLOWERS TRUSTEE	2.00 8.00	X						0.	0.	0.
(10) OWEN GARRICK, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(11) MICHAEL GAULKE TRUSTEE SH BOARD	2.00 18.00	X						0.	27,500.	0.
(12) JEFF GERARD PRESIDENT, SH BAY AREA	40.00 8.00	X		X				0.	1,336,457.	383,031.
(13) VINITA GUPTA TRUSTEE	2.00 8.00	X						0.	0.	0.
(14) KATHERINE HSIAO, MD TRUSTEE/CHIEF GYN DIVISION	2.00 8.00	X						35,574.	0.	0.

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			
(15) STEVEN KATZNELSON, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(16) SARAH KREVANS PRES & CEO SH, ASST SEC. SBH	2.00 40.00	X		X				0.	2,365,948.	1,511,150.
(17) JOSEPH LACY, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(18) RICHARD LEVY, PHD CHAIR FIN & PLAN/TRUSTEE SH	2.00 17.00	X		X				0.	27,500.	0.
(19) TIMOTHY MURPHY, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(20) DENNIS O'CONNELL TRUSTEE	2.00 8.00	X						0.	0.	0.
(21) STEVEN OLIVER TRUSTEE	2.00 8.00	X						0.	0.	0.
(22) JOHN RYAN TRUSTEE	2.00 8.00	X						0.	0.	0.
(23) RON SINHA, MD TRUSTEE	2.00 8.00	X						0.	0.	0.
(24) MARGARET TAYLOR TRUSTEE	2.00 8.00	X						0.	0.	0.
(25) ANTHONY WAGNER TRUSTEE, CHAIR	2.00 16.00	X		X				0.	0.	0.
1b Sub-total								35,574.	1,363,957.	383,031.
c Total from continuation sheets to Part VII, Section A								0.	28,975,347.	4,082,649.
d Total (add lines 1b and 1c)								35,574.	30,339,304.	4,465,680.

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 **3989**

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

	Yes	No
3	X	
4	X	
5		X

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

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

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **382**

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			
(26) JOHN GATES CFO SUTTER HEALTH BAY AREA	40.00 6.00			X				0.	911,830.	182,716.
(27) KAREN HALL CHIEF LEGAL OFFICER, BAY AREA	40.00 6.00			X				0.	594,256.	113,664.
(28) BRIAN ALEXANDER CAO, NCH (PART-YEAR)	40.00 0.				X			0.	389,227.	80,298.
(29) ANNE BARR CIO, SH BAY AREA	40.00 0.				X			0.	490,355.	105,016.
(30) WARREN BROWNER, MD CEO, CPMC	40.00 0.				X			0.	1,991,764.	212,619.
(31) THERESA C. GLUBKA CEO, EDEN MEDICAL CENTER	40.00 0.				X			0.	617,359.	134,115.
(32) MAYNARD L. JENKINS, III SH VP & HR, BAY AREA	40.00 0.				X			0.	494,158.	100,899.
(33) SIRI T. NELSON CAO, SUTTER LAKESIDE HOSPITAL	40.00 0.				X			0.	409,887.	53,280.
(34) JULIE A. PETRINI CEO, BAY AREA HOSPITALS	25.00 15.00				X			0.	853,512.	201,013.
(35) MICHAEL L. PURVIS CEO, SSRH & NCH	40.00 0.				X			0.	604,997.	120,759.
(36) JANET A. WAGNER CEO, MILLS PENINSULA DIVISION	40.00 0.				X			0.	626,184.	161,614.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **3989**

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

	Yes	No
3	X	
4	X	
5		X

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

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

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

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

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			
(37) VERNON L. GIANG, MD CME, CPMC	40.00 0.					X		0.	531,012.	83,612.
(38) DOLORES S. GOMEZ COO, MPHS	40.00 0.					X		0.	507,068.	54,169.
(39) RANJIT HUNDAL, MD CME, MPHS	40.00 0.					X		0.	511,108.	95,616.
(40) SIDNEY E. WANETICK, MD CME, EDEN MEDICAL CENTER	40.00 0.					X		0.	487,458.	75,442.
(41) HENRY W. YU CFO HOSPITAL, WEST BAY	40.00 0.					X		0.	493,996.	91,140.
(42) MICHAEL COHILL CEO, SMCS	0. 40.00						X	0.	1,462,782.	172,145.
(43) MICHAEL DUNCHEON VP, REG COUNSEL, WEST BAY	0. 40.00						X	0.	480,631.	35,425.
(44) PATRICK FRY FORMER PRESIDENT & CEO, SH	0. 40.00						X	0.	13,170,825.	279,177.
(45) GRANT DAVIES CEO, VALLEY AREA HOSPITALS	0. 40.00						X	0.	953,490.	218,780.

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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 3989

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

	Yes	No
3	X	

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	X	
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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		X
---	--	---

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	88				
	b	Membership dues	1b					
	c	Fundraising events	1c	420,086				
	d	Related organizations	1d	23,354,729				
	e	Government grants (contributions)	1e	9,084,583				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,172,911				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶		38,032,397				
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	621110	2,278,734,600	2,278,734,600			
	b	HEALTHCARE RELATED JV INCOME	900099	15,092,062	15,092,062			
	c	RENTAL TO AFFILIATES	900099	5,641,050	5,641,050			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		2,299,467,712				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		3,311,400			3,311,400	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real	14,822,816				
	b	Less rental expenses	(ii) Personal	13,720,557				
	c	Rental income or (loss)		1,102,259				
	d	Net rental income or (loss) ▶		1,102,259			1,102,259	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,127,568	(ii) Other	34,146,802		
	b	Less cost or other basis and sales expenses			10,485,820			
	c	Gain or (loss)		1,127,568	23,660,982			
	d	Net gain or (loss) ▶		24,788,550			24,788,550	
	8a	Gross income from fundraising events (not including \$ 420,086 of contributions reported on line 1c) See Part IV, line 18 a		138,702				
	b	Less direct expenses b		184,923				
	c	Net income or (loss) from fundraising events ▶		-46,221			-46,221	
	9a	Gross income from gaming activities See Part IV, line 19 a		15,560				
	b	Less direct expenses b		0				
	c	Net income or (loss) from gaming activities ▶		15,560			15,560	
	10a	Gross sales of inventory, less returns and allowances a		0				
	b	Less cost of goods sold b		0				
	c	Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue		Business Code						
11a	LABORATORY	621500	300,161		300,161			
b	PARKING	812930	1,849,722		1,849,722			
c	CAFETERIA	900099	5,237,425			5,237,425		
d	All other revenue	722410	161,985		161,985			
e	Total. Add lines 11a-11d ▶		7,549,293					
12	Total revenue. See instructions ▶		2,374,220,950	2,299,467,712	2,311,868	34,408,973		

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,490,507.	3,490,507.		
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	8,173,917.		8,173,917.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,005.	73,005.		
7 Other salaries and wages	695,509,190.	637,866,296.	57,354,719.	288,175.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,254,988.	75,675,496.	7,579,492.	
9 Other employee benefits	270,860,892.	245,380,082.	25,480,810.	
10 Payroll taxes	56,470,204.	51,172,305.	5,297,899.	
11 Fees for services (non-employees)				
a Management	13,290,688.	1,147,727.	12,142,961.	
b Legal	1,654,604.	174,070.	1,480,534.	
c Accounting	180,164.	9,000.	134,588.	36,576.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	861,185.		861,185.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	154,983,396.	137,864,472.	17,118,924.	
12 Advertising and promotion	2,367,096.	1,918,434.	448,662.	
13 Office expenses	28,343,982.	25,820,091.	2,502,053.	21,838.
14 Information technology	69,116,570.	50,971,079.	18,145,491.	
15 Royalties	0.			
16 Occupancy	33,431,802.	25,103,071.	8,328,731.	
17 Travel	1,317,330.	1,094,191.	220,347.	2,792.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	786,044.	651,781.	134,263.	
20 Interest	22,116,053.	22,116,053.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	142,168,522.	134,492,312.	7,676,210.	
23 Insurance	14,951,076.	10,652,033.	4,299,043.	
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 MEDICAL SUPPLIES	220,249,825.	220,249,825.		
b PURCHASED SERVICES	105,446,085.	88,127,190.	17,294,683.	24,212.
c SYSTEM ALLOCATION FEE	148,395,890.	82,028,265.	66,194,636.	172,989.
d HOSPITAL FEE	95,615,270.	95,615,270.		
e All other expenses	33,501,025.	28,129,820.	5,234,002.	137,203.
25 Total functional expenses. Add lines 1 through 24e	2,206,609,310.	1,939,822,375.	266,103,150.	683,785.
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)	0.			

Form 990 (2016)

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	19,458,103.	2	2,068,499.
	3 Pledges and grants receivable, net	740,683.	3	368,681.
	4 Accounts receivable, net	232,530,416.	4	366,787,886.
	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	19,161,952.	8	38,250,157.
	9 Prepaid expenses and deferred charges	6,140,861.	9	9,312,357.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 4740781451.		
	b Less accumulated depreciation	10b 1493424085.	1,808,206,057.	10c 3,247,357,366.
	11 Investments - publicly traded securities	141,203,846.	11	145,580,260.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	6,940,760.	13	13,706,801.
	14 Intangible assets	2,980,359.	14	2,980,359.
	15 Other assets. See Part IV, line 11	109,210,089.	15	297,727,324.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,346,573,126.	16	4,124,139,690.	
Liabilities	17 Accounts payable and accrued expenses	232,460,794.	17	443,612,507.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	403,829,148.	20	1,809,809,862.
	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	9,304,440.	25	17,099,378.
	26 Total liabilities. Add lines 17 through 25	645,594,382.	26	2,270,521,747.
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	1,685,738,524.	27	1,837,535,696.
	28 Temporarily restricted net assets	15,240,220.	28	16,082,247.
	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	1,700,978,744.	33	1,853,617,943.
	34 Total liabilities and net assets/fund balances	2,346,573,126.	34	4,124,139,690.

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,374,220,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,206,609,310.
3	Revenue less expenses Subtract line 2 from line 1	3	167,611,640.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,700,978,744.
5	Net unrealized gains (losses) on investments	5	6,771,503.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-21,743,944.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,853,617,943.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 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?
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?
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? 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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

2016

Open to Public
Inspection

Name of the organization **SUTTER BAY HOSPITALS**

Employer identification number

FKA SUTTER WEST BAY HOSPITALS

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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		☐

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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	

Part IV Supporting Organizations (continued)

	Yes	No
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	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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

	Yes	No
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)		
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 (explain in Part VI). 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)			
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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2017 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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)

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

2016

Open to Public
Inspection

Name of the organization SUTTER BAY HOSPITALS
FKA 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 a 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	
a Total number of conservation easements	2a Held at the End of the Tax Year
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 in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	83,834,470.	76,169,704.	56,482,750.	59,522,141.	55,376,860.
b Contributions	5,657,867.	3,852,741.	16,122,121.	1,070,016.	1,340,347.
c Net investment earnings, gains, and losses	6,530,863.	-4,742,895.	3,568,844.	8,391,250.	5,951,680.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,229,671.	732,385.	4,011.	12,500,657.	3,146,746.
f Administrative expenses					
g End of year balance	92,793,529.	74,547,165.	76,169,704.	56,482,750.	59,522,141.

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

a Board designated or quasi-endowment 13.0600 %

b Permanent endowment 83.8900 %

c Temporarily restricted endowment 3.0500 %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		194,213,715.		194,213,715.
b Buildings		2126540229.	882,780,916.	1,243,759,313.
c Leasehold improvements		75,032,230.	68,390,747.	6,641,482.
d Equipment		725,572,342.	515,545,938.	210,026,404.
e Other		1619422935.	26,706,484.	1,592,716,452.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				3,247,357,366.

Schedule D (Form 990) 2016

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 _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
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
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
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
(1) INTERCOMPANY RECEIVABLES	151,295,817.
(2) OTHER RECEIVABLES	134,554,754.
(3) OTHER ASSETS	11,876,753.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ►	297,727,324.

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
	(1) Federal income taxes	
	(2) INSURANCE LIABILITIES	8,962,417.
	(3) OTHER LIABILITIES	5,586,575.
	(4) 3RD PARTY SETTLEMENTS	2,550,386.
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►		17,099,378.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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.

THE DIFFERENCE BETWEEN SUTTER BAY HOSPITAL'S (SBH) ENDOWMENT FUND END OF YEAR BALANCE FROM PRIOR YEAR AND THE BEGINNING OF YEAR BALANCE FOR THE CURRENT YEAR IS A RESULT OF MILLS-PENINSULA HEALTH SERVICES (MPHS) MERGING INTO SBH DURING THE YEAR.

THE MPHS ENDOWMENT FUNDS REMAIN INTACT AND ARE USED TO SUPPORT THE PROGRAMS OF MPHS, WHICH WAS MERGED INTO SBH DURING THE YEAR.

SCHEDULE D, PART X, LINE 2

ASC 740 (FIN 48) 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 AND THE CALIFORNIA FRANCHISE TAX BOARD 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

Part XIII Supplemental Information (continued)

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. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2013 THROUGH 2015 REMAIN OPEN IN U.S. TAX JURISDICTIONS IN WHICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2016 AND 2015, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

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

2016

**Open to Public
Inspection**

Name of the organization **SUTTER BAY HOSPITALS**
FKA 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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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 10 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?		(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
		Yes	No			
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 ANNUAL GALA (event type)	(b) Event #2 SSRF GOLF (event type)	(c) Other events 3. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	238,321.	223,500.	96,967.	558,788.
	2 Less Contributions	181,011.	164,200.	74,875.	420,086.
	3 Gross income (line 1 minus line 2)	57,310.	59,300.	22,092.	138,702.
Direct Expenses	4 Cash prizes	1,012.	4,554.	0.	5,566.
	5 Noncash prizes	1,076.	1,731.	3,303.	6,110.
	6 Rent/facility costs	17,847.	82,307.	6,562.	106,716.
	7 Food and beverages	1,531.	511.	14,957.	16,999.
	8 Entertainment	1,200.	300.	18,026.	19,526.
	9 Other direct expenses	2,861.	6,994.	20,151.	30,006.
	10 Direct expense summary Add lines 4 through 9 in column (d)				184,923.
	11 Net income summary Subtract line 10 from line 3, column (d)				-46,221.

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			15,560.	15,560.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☒ Yes 80.0000% ☐ 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)				15,560.

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 _____

Schedule G (Form 990 or 990-EZ) 2016

- 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 | 100.0000 % |
- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 14,004.

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

SCHEDULE G, PART III, LINE 14

NAME: PENNY CLEARY

ADDRESS: 30 MARK WEST SPRINGS ROAD

SANTA ROSA, CA 95403

NAME: CYNTHIA GREGORY

ADDRESS: 180 ROWLAND WAY

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016

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

Name ▶ _____

Address ▶ _____

- 15 a 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 ▶ _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

NOVATO, CA 94945

NAME: MORGEN WELLS

ADDRESS: 5176 HILL ROAD EAST

LAKEPORT, CA 95453

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

Name ▶ _____

Address ▶ _____

- 15 a** 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 ▶ _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART III, LINE 16

NAME: PENNY CLEARY

SERVICES PROVIDED: COORDINATES CATWALK FOR A CURE, SRF GOLF EVENTS.

GAMING COMPENSATION: \$2,142

POSITION: EMPLOYEE OF SUTTER BAY HOSPITALS

NAME: CYNTHIA GREGORY

Schedule G (Form 990 or 990-EZ) 2016

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

Name ► _____

Address ► _____

- 15 a 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 ► _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SERVICES PROVIDED: COORDINATES NCH GOLF EVENT.

GAMING COMPENSATION: \$495

POSITION: EMPLOYEE OF SUTTER BAY HOSPITALS

NAME: MORGEN WELLS

SERVICES PROVIDED: COORDINATES SLH RERUNWAY EVENT.

GAMING COMPENSATION: \$168

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

Name ► _____

Address ► _____

- 15 a 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 ► _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

POSITION: EMPLOYEE OF SUTTER BAY HOSPITALS

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- **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.**

Name of the organization **SUTTER BAY HOSPITALS**
 FKA 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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☒ 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	X	
☐ 100% ☐ 150% ☐ 200% ☒ Other <u>400.0000</u> %		
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		
☐ 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,542,008.		15,542,008.	.70
b Medicaid (from Worksheet 3, column a)			469,622,986.	386,420,271.	83,202,715.	3.77
c Costs of other means-tested government programs (from Worksheet 3, column b)			16,410,890.	12,476,531.	3,934,359.	.18
d Total Financial Assistance and Means-Tested Government Programs			501,575,884.	398,896,802.	102,679,082.	4.65
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	43	118223	5,274,772.	255,322.	5,019,450.	.23
f Health professions education (from Worksheet 5)	18	844	37,406,432.	6,118,696.	31,287,736.	1.42
g Subsidized health services (from Worksheet 6)	20	54959	79,131,661.	54,621,664.	24,509,997.	1.11
h Research (from Worksheet 7)	1		15,305,780.	519,621.	14,786,159.	.67
i Cash and in-kind contributions for community benefit (from Worksheet 8)	68	27672	24,742,664.	250,592.	24,492,072.	1.11
j Total Other Benefits	150	201698	161,861,309.	61,765,895.	100,095,414.	4.54
k Total. Add lines 7d and 7j.	150	201698	663,437,193.	460,662,697.	202,774,496.	9.19

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule H (Form 990) 2016

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	2	500	13,719.		13,719.	
3 Community support	2	200	18,028.	250.	17,778.	
4 Environmental improvements			235.		235.	
5 Leadership development and training for community members	1		1,875.		1,875.	
6 Coalition building	2		13,020.		13,020.	
7 Community health improvement advocacy	3		6,863.		6,863.	
8 Workforce development	6	32	131,255.		131,255.	.01
9 Other						
10 Total	16	732	184,995.	250.	184,745.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
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	454,378,729.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	580,105,522.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-125,726,793.
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	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see 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	51.00000		47.20000
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? 11

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
1 CPMC-CALIF. WEST CAMPUS 3700 CALIFORNIA STREET SAN FRANCISCO CA 94118 WWW.CPMC.ORG LICENSE #220000197	X	X					X			A
2 CPMC-PACIFIC CAMPUS 2333 BUCHANAN STREET SAN FRANCISCO CA 94115-1925 WWW.CPMC.ORG LICENSE #220000197	X	X					X			A
3 CPMC-DAVIES CAMPUS 601 DUBOCE AVENUE SAN FRANCISCO CA 94117 WWW.CPMC.ORG LICENSE #220000197	X	X					X			A
4 CPMC-ST LUKE'S CAMPUS 3555 CESAR CHAVEZ STREET SAN FRANCISCO CA 94110 WWW.CPMC.ORG LICENSE #220000070	X	X					X			A
5 MILLS PENINSULA MEDICAL CENTER 1501 TROUSDALE DRIVE BURLINGAME CA 94010 WWW.MILLS-PENINSULA.ORG LICENSE #220000037	X	X							OUTPATIENT SERVICES	B
6 EDEN MEDICAL CENTER 20130 LAKE CHABOT ROAD CASTRO VALLEY CA 94546-5305 WWW.EDENMEDICALCENTER.ORG LICENSE #140000030	X	X					X		OUTPATIENT SERVICES	
7 SUTTER SANTA ROSA REGIONAL HOSPITAL 30 MARK WEST SPRINGS ROAD SANTA ROSA CA 95403-1707 WWW.SUTTERSANTAROSA.ORG LICENSE #110000005	X	X					X			
8 NOVATO COMMUNITY HOSPITAL 180 ROLAND WAY NOVATO CA 94945 WWW.NOVATOCOMMUNITY.ORG LICENSE #110000375	X	X					X			
9 SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD LAKEPORT CA 95463 WWW.SUTTERLAKESIDE.ORG LICENSE #110000094	X	X			X		X			
10 SUTTER MATERNITY & SURGERY SANTA CRUZ 2900 CHANTICLEER AVE. SANTA CRUZ CA 95065 WWW.SUTTERSANTACRUZ.ORG LICENSE #07000039	X	X							OUTPATIENT SERVICES	B

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? _____

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
1 MENLO PARK SURGICAL HOSPITAL 570 WILLOW ROAD MENLO PARK CA 94025-2617 WWW.PAMF.ORG/MPHS LICENSE #220000276	X	X							OUTPATIENT SERVICES	B
2										
3										
4										
5										
6										
7										
8										
9										
10										

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 ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-4**Community Health Needs Assessment**

	Yes	No
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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 BLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5, 10-11

		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?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
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	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
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	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url) <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 EDEN MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6**Community Health Needs Assessment**

	Yes	No
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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7**Community Health Needs Assessment**

	Yes	No
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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**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 HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8**Community Health Needs Assessment**

	Yes	No
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?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b 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	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Schedule H (Form 990) 2016

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 HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9**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?
- 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
- 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
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 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
- 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
- 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
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
- a ☒ Hospital facility's website (list url) SEE PART V, SECTION C
- b ☒ Other website (list url) SEE PART V, 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
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2016
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url) SEE PART V, SECTION C
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 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)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b		X
7	X	
8	X	
10	X	
10b		
12a		X
12b		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

		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? If "Yes," indicate the eligibility criteria explained in the FAP	13 X	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400 0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance status		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 X	
15	Explained the method for applying for financial assistance? 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)	15 X	
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 X	
a	☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
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	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group B

- 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
- 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 0000 %
and FPG family income limit for eligibility for discounted care of _____ %
- b** ☐ Income level other than FPG (describe in Section C)
- c** ☐ Asset level
- d** ☒ Medical indigency
- e** ☒ Insurance status
- f** ☐ Underinsurance status
- g** ☐ Residency
- h** ☐ Other (describe in Section C)

- 14** Explained the basis for calculating amounts charged to patients? 14
- 15** Explained the method for applying for financial assistance? 15

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** Was widely publicized within the community served by the hospital facility? 16
- 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) SEE PART V, SECTION C
- b** ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C
- c** ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V
- 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** ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h** ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** ☒ Other (describe in Section C)

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group EDEN MEDICAL CENTER

		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? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400 0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance status		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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)	X	
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	X	
a	☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
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	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group SUTTER SANTA ROSA REGIONAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400 0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☐ Underinsurance status		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance? 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)	X	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	X	
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group NOVATO COMMUNITY HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400 0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☐ Underinsurance status		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ 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 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group SUTTER LAKESIDE HOSPITAL

- 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? Yes No
- 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 0000 %
and FPG family income limit for eligibility for discounted care of _____ %
- b ☐ Income level other than FPG (describe in Section C)
- c ☐ Asset level
- d ☒ Medical indigency
- e ☒ Insurance status
- f ☐ Underinsurance status
- g ☐ Residency
- h ☐ Other (describe in Section C)

- 14** Explained the basis for calculating amounts charged to patients? Yes No
- 15** Explained the method for applying for financial assistance? Yes No

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** Was widely publicized within the community served by the hospital facility? Yes No
- 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) SEE PART V, SECTION C
- b ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C
- c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V
- 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j ☒ Other (describe in Section C)

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group A

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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?	X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group B

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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 X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group EDEN MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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 X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group SUTTER SANTA ROSA REGIONAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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?	X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group NOVATO COMMUNITY HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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?	X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

Schedule H (Form 990) 2016

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group SUTTER LAKESIDE HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c ☒ Processed incomplete and complete FAP applications		
d ☒ Made presumptive eligibility determinations		
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 X	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group ^A		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☒ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

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40186K 4019

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group B

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☒ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

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40186K 4019

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group EDEN MEDICAL CENTER

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☒ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

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40186K 4019

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group SUTTER SANTA ROSA REGIONAL HOSPITAL

	Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☒ The hospital facility used a prospective Medicare or Medicaid method		
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	X
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	X
If "Yes," explain in Section C		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group NOVATO COMMUNITY HOSPITAL

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☒ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

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40186K 4019

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group SUTTER LAKESIDE HOSPITAL

	Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☒ The hospital facility used a prospective Medicare or Medicaid method		
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	X
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	X
If "Yes," explain in Section C		

Schedule H (Form 990) 2016

40186K 4019

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

REPORTING FACILITY: A, 1-4

SCHEDULE H, PART V, LINE 5

CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

IN CONDUCTING ITS MOST RECENT CHNA, CALIFORNIA PACIFIC MEDICAL CENTER, A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA.

THE GOALS OF THE COMMUNITY ENGAGEMENT COMPONENT OF THE CHNA WERE TO:

- IDENTIFY SAN FRANCISCANS' HEALTH PRIORITIES, ESPECIALLY THOSE OF VULNERABLE POPULATIONS;
- OBTAIN DATA ON POPULATIONS FOR WHICH WE HAVE LITTLE QUANTITATIVE DATA;
- BUILD RELATIONSHIPS BETWEEN THE COMMUNITY AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP);
- MEET THE REGULATORY REQUIREMENTS INCLUDING THE IRS RULES FOR CHARITABLE 501(C)(3) HOSPITALS, PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR THE SAN FRANCISCO HEALTH DEPARTMENT, AND SAN FRANCISCO'S PLANNING CODE REQUIREMENTS FOR A HEALTH CARE SERVICES MASTER PLAN.

WE WORKED WITH COMMUNITY PARTNERS TO CO-HOST COMMUNITY MEETINGS WITH TARGET POPULATIONS. TARGET POPULATIONS WERE SELECTED BASED ON FOUR FACTORS:

- 1) THE POPULATION HAS KNOWN HEALTH DISPARITIES;
- 2) LITTLE INFORMATION DESCRIBING THE HEALTH OF THE POPULATION WAS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

AVAILABLE;

3) THE POPULATION WAS NOT INCLUDED IN A RECENT HEALTH ASSESSMENT; AND

4) THE POPULATION WAS REACHABLE THROUGH AN EXISTING COMMUNITY GROUP.

WHERE POSSIBLE, WE JOINED EXISTING MEETINGS IN AN EFFORT TO INCREASE EFFICIENCY AND FACILITATE PARTICIPATION BY RESIDENTS. SUCCESSFUL COMMUNITY ENGAGEMENT WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE CONTRIBUTIONS OF THESE COMMUNITY PARTNERS:

- ASIAN AMERICANS ADVANCING JUSTICE - ASIAN LAW CAUCUS
- AFRICAN AMERICAN ART AND CULTURE COMPLEX
- ASOCIACIÓN MAYAB
- CARECEN
- FILIPINO AMERICAN DEVELOPMENT FOUNDATION
- INSTITUTO FAMILIAR DE LA RAZA
- LARKIN STREET YOUTH SERVICES
- SF LGBT COMMUNITY CENTER
- NATIVE AMERICAN HEALTH CENTER
- ON LOK 30TH STREET SENIOR CENTER
- SWORDS TO PLOWSHARES
- TRANSITIONS CLINIC

WE FACILITATED ALL MEETINGS USING TWO TECHNOLOGY OF PARTICIPATION TECHNIQUES - THE FOCUSED CONVERSATION METHOD AND THE CONSENSUS WORKSHOP METHOD. THE MAIN QUESTION WE ASKED OF PARTICIPANTS WAS, WHAT ACTIONS CAN WE TAKE - INCLUDING RESIDENTS, COMMUNITY GROUPS, AND SFHIP - TO IMPROVE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

HEALTH? PARTICIPANTS WERE ALSO ASKED ABOUT THE ASSETS AND BARRIERS WHICH EXIST IN THEIR COMMUNITIES REGARDING HEALTH.

IN TOTAL, 127 PARTICIPANTS ATTENDED 11 MEETINGS BETWEEN JULY 1 AND OCTOBER 2, 2015. PARTICIPANTS CAME FROM A VARIETY OF BACKGROUNDS. THE ETHNIC GROUPS WITH THE LARGEST REPRESENTATION IN THE MEETINGS WERE LATINO (23 PERCENT), BLACK/AFRICAN AMERICAN (15 PERCENT), WHITE (17 PERCENT), AND ASIAN (12 PERCENT). OTHER SELF-REPORTED ETHNICITIES INCLUDED ARAB, FILIPINO, JEWISH, MIDDLE EASTERN, AND NATIVE AMERICAN. THE MAJORITY OF PARTICIPANTS WERE FEMALE (59 PERCENT).

AT THE MEETING WE IDENTIFIED THESE COMMUNITY HEALTH PRIORITIES: ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES, SAFE AND AFFORDABLE HOUSING, HEALTH EDUCATION AND EMPOWERMENT, ECONOMIC OPPORTUNITIES, CLEAN AND SAFE PARKS, RESTROOMS, AND OTHER SHARED ENVIRONMENTS, AND ACCESS TO HEALTH CARE SERVICES THAT ARE CULTURALLY AND LINGUISTICALLY APPROPRIATE.

FURTHER DETAILS ON THE METHODS AND FINDINGS ARE AVAILABLE IN APPENDIX B'S "2016 CHNA COMMUNITY ENGAGEMENT" SECTION.

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessmen)

T

SCHEDULE H, PART V, LINE 6A & 6B

CHNA HOSPITAL COLLABORATORS:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

AS A MEMBER OF SFHIP, CPMC PARTICIPATES IN A COLLECTIVE NEEDS ASSESSMENT PROCESS TO ENSURE THAT OUR COMMUNITY BENEFIT INVESTMENTS ARE RESPONSIVE TO REAL COMMUNITY HEALTH NEEDS. SFHIP'S SAN FRANCISCO COMMUNITY HEALTH NEEDS ASSESSMENT 2016 SERVES AS THE FOUNDATION FOR CPMC'S COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018. THE PROCESSES AND FINDINGS DESCRIBED WITHIN THIS DOCUMENT REFER TO THOSE OF SFHIP'S 2016 NEEDS ASSESSMENT. THE ORIGINAL 2016 CHNA DOCUMENT COLLECTIVELY DEVELOPED BY SFHIP AND PREPARED BY SFDPH CAN BE FOUND AT WWW.SFHIP.ORG.

SFHIP IS A COLLABORATIVE BODY WHOSE MISSION IS TO EMBRACE COLLECTIVE IMPACT AND TO IMPROVE COMMUNITY HEALTH AND WELLNESS IN SAN FRANCISCO. MEMBERSHIP IN SFHIP INCLUDES:

- SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
- AFRICAN AMERICAN COMMUNITY HEALTH EQUITY COUNCIL
- ASIAN AND PACIFIC ISLANDER HEALTH PARITY COALITION
- CHICANO/LATINO/INDIGENA HEALTH EQUITY COALITION
- HUMAN SERVICES NETWORK
- DIGNITY HEALTH SAINT FRANCIS MEMORIAL HOSPITAL
- DIGNITY HEALTH ST. MARY'S MEDICAL CENTER
- SUTTER HEALTH CALIFORNIA PACIFIC MEDICAL CENTER
- KAISER PERMANENTE
- CHINESE HOSPITAL
- SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM
- METTA FUND
- SAN FRANCISCO FOUNDATION FAITHS PROGRAM

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

- SAN FRANCISCO UNIFIED SCHOOL DISTRICT
- SAN FRANCISCO MAYOR'S OFFICE
- UCSF CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE'S COMMUNITY
ENGAGEMENT AND HEALTH POLICY PROGRAM

A COMPLETE LISTING OF HOSPITALS AND PARTNERS WHO COLLABORATED ON THE CHNA
IS AVAILABLE FOR DOWNLOAD AT
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
T

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

- HOSPITAL FACILITY'S WEBSITE:

[HTTP://WWW.CPMC.ORG/ABOUT/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT.HTML](http://www.cpmc.org/about/community/community-needs-assessment.html)

- OTHER WEBSITE:

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 11

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT CPMC INTENDS TO
ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

1. ACCESS TO CARE
2. HEALTHY EATING AND PHYSICAL ACTIVITY
3. BEHAVIORAL HEALTH

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE
SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY,
CPMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,
USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO
THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE
HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS
THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- ECONOMIC BARRIERS TO HEALTH
- RACIAL HEALTH INEQUITIES
- SAFETY AND VIOLENCE
- HOUSING STABILITY AND HOMELESSNESS
- SUBSTANCE ABUSE

AS A MEMBER OF THE SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP),
CPMC WILL CONTINUE TO WORK IN COLLABORATION WITH OTHER LOCAL HOSPITALS
AND HEALTH PLANS TO IDENTIFY GAPS IN SERVICE AND TO DETERMINE WHERE
EFFORTS SHOULD BE COLLECTIVELY REDIRECTED IN ORDER TO MOST EFFECTIVELY
IMPROVE THE HEALTH OF SAN FRANCISCO RESIDENTS. FOR MORE INFORMATION ABOUT
SFHIP, PLEASE VISIT WWW.SFHIP.ORG.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:
[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://www.sutterhealth.org/communitybenefit/financial-assistance.html)

SCHEDULE H, PART V, LINE 16J

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 1-4):

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY: B, 5, 10-11

SCHEDULE H, PART V, LINE 5

CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS:

REPORTING GROUP B, 5, 10-11:

MILLS PENINSULA MEDICAL CENTER & MENLO PARK SURGICAL HOSPITAL:

IN CONDUCTING ITS MOST RECENT CHNA, MILLS-PENINSULA MEDICAL CENTER AND MENLO PARK SURGICAL HOSPITAL DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA.

THE HEALTHY COMMUNITY COLLABORATIVE CONTRACTED WITH APPLIED SURVEY RESEARCH (ASR) TO CONDUCT THE PRIMARY RESEARCH. THEY USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS AND COMMUNITY SERVICE EXPERTS, FOCUS GROUPS WITH PROFESSIONALS, AND RESIDENT FOCUS GROUPS.

ACROSS THE FOCUS GROUPS WITH PROFESSIONALS AND KEY INFORMANT INTERVIEWS, ASR CONSULTED WITH 38 COMMUNITY REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS. THESE REPRESENTATIVES EITHER WORK IN THE HEALTHCARE FIELD OR IN A COMMUNITY-BASED ORGANIZATION THAT FOCUSES ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

POPULATIONS. IN THE LIST BELOW, THE NUMBER IN PARENTHESES INDICATES THE
NUMBER OF PARTICIPANTS FROM EACH SECTOR.

- SAN MATEO COUNTY HEALTH DEPARTMENT (1)
- SAN MATEO COUNTY HEALTH & HOSPITAL SYSTEM (5)
- SAN MATEO COUNTY SUPERVISORS OR COMMISSIONERS (3)
- OTHER SAN MATEO COUNTY EMPLOYEES (3)
- NONPROFIT AGENCIES (22)
- FAITH-BASED LEADERS (2)
- BUSINESS SECTOR (2)

ASR CONDUCTED KEY INFORMANT INTERVIEWS WITH 29 SAN MATEO COUNTY EXPERTS
FROM VARIOUS ORGANIZATIONS WHO HAD COUNTYWIDE EXPERTISE. THESE EXPERTS
INCLUDED THE PUBLIC HEALTH OFFICER, COMMUNITY CLINIC MANAGERS, AND
CLINICIANS. ASR INTERVIEWED INFORMANTS IN PERSON OR BY TELEPHONE, AND
ASKED THEM TO IDENTIFY THE TOP NEEDS OF THEIR CONSTITUENCIES, HOW ACCESS
TO HEALTHCARE HAS CHANGED IN THE POST-AFFORDABLE CARE ACT ENVIRONMENT,
THE IMPACT OF THE PHYSICAL ENVIRONMENT ON HEALTH, AND THE EFFECT OF THE
USE OF NEW TECHNOLOGIES FOR HEALTH-RELATED ACTIVITIES.

THE FINDINGS IN MILLS PENINSULA MEDICAL CENTER'S CHNA ARE AVAILABLE AT
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
T

SUTTER MATERNITY & SURGERY CENTER, SANTA CRUZ:

SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ (SMSC), A FACILITY OF MPMC,

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

CONTRACTED WITH APPLIED SURVEY RESEARCH (ASR) TO FACILITATE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN 2016. ASR USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS, A FOCUS GROUP WITH HEALTH CARE PROFESSIONALS, AND TELEPHONE SURVEYS WITH 700 RANDOMLY SELECTED RESIDENTS AS PART OF THE YEARLY COMMUNITY ASSESSMENT PROJECT.

APPLIED SURVEY RESEARCH CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERVIEWS WITH THREE SANTA CRUZ COUNTY HEALTH EXPERTS. THESE INCLUDED, THE HEALTH SERVICES AGENCY DIRECTOR, AND TWO COMMUNITY CLINIC DIRECTORS. THESE EXPERTS WERE SELECTED IN-PART FOR THEIR COUNTYWIDE EXPERIENCE AND EXPERTISE AND WERE INTERVIEWED BY PHONE FOR APPROXIMATELY ONE HOUR.

EACH PARTICIPANT WAS ASKED TO IDENTIFY THE TOP HEALTH NEEDS OF THEIR CONSTITUENCIES, HOW ACCESS TO HEALTHCARE HAS CHANGED POST-AFFORDABLE CARE ACT, THE IMPACT OF THE PHYSICAL ENVIRONMENT ON HEALTH, AND THE EFFECT OF THE USE OF NEW TECHNOLOGIES ON HEALTH-RELATED INTERVENTIONS.

IN ADDITION, ONE FOCUS GROUP WITH STAKEHOLDERS WAS CONDUCTED IN JUNE 2016. THE QUESTIONS WERE THE SAME AS THOSE FOR KEY INFORMANTS.

EACH INTERVIEW AND THE FOCUS GROUP WAS THEN SUMMARIZED AS A STAND-ALONE PIECE OF DATA. WHEN ALL DATA COLLECTION HAD BEEN CONDUCTED, ASR ANALYZED THE DATA AND TABULATED ALL HEALTH NEEDS THAT WERE MENTIONED, ALONG WITH HEALTH DRIVERS DISCUSSED. ASR THEN MADE A LIST OF ALL THE CONDITIONS THAT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

HAD BEEN MENTIONED, COUNTED HOW MANY GROUPS OR INFORMANTS LISTED THE
CONDITION AND HOW MANY TIMES THEY HAD BEEN PRIORITIZED BY A FOCUS GROUP.

THE FINDINGS IN SUTTER MATERNITY & SURGERY CENTER'S CHNA ARE AVAILABLE AT
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
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SCHEDULE H, PART V, LINE 6A & 6B

REPORTING GROUP B, 5, 10-11:

MILLS PENINSULA MEDICAL CENTER & MENLO PARK SURGICAL HOSPITAL:

THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY CONSISTS OF
REPRESENTATIVES FROM NONPROFIT HOSPITALS, COUNTY HEALTH DEPARTMENT AND
HUMAN SERVICES, PUBLIC AGENCIES, AND COMMUNITY BASED ORGANIZATIONS, AND
WAS CREATED TO IDENTIFY AND ADDRESS THE SHARED HEALTH NEEDS OF THE
COMMUNITY. SINCE ITS FORMATION IN 1995, THE HCC HAS CONDUCTED PRIOR
COMMUNITY HEALTH ASSESSMENTS FOR SAN MATEO COUNTY (1995, 1998, 2001,
2004, 2008, 2011, AND 2013), AND THIS REPORT MARKS THE EIGHTH SUCH
ASSESSMENT.

THE ORGANIZATIONS THAT COLLABORATED ON THE 2016 CHNA ARE MILLS-PENINSULA
MEDICAL CENTER, DIGNITY HEALTH SEQUOIA HOSPITAL, SAN MATEO COUNTY HEALTH
DEPARTMENT, HOSPITAL CONSORTIUM OF SAN MATEO COUNTY, KAISER PERMANENTE
SAN MATEO AREA, PENINSULAR HEALTH CARE DISTRICT, SAN MATEO COUNTY HUMAN
SERVICES AGENCY, SETON MEDICAL CENTER AND SETON COASTSIDE, LUCILE PACKARD
CHILDREN'S HOSPITAL STANFORD, AND STANFORD HEALTH CARE.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SUTTER MATERNITY & SURGERY SANTA CRUZ:

SUTTER MATERNITY & SURGERY CENTER COLLABORATED WITH LOCAL HEALTH

OFFICIALS, COUNTY HEALTH DEPARTMENT REPRESENTATIVES, AND COMMUNITY

BENEFIT ORGANIZATIONS TO CONDUCT ITS COMMUNITY HEALTH NEEDS ASSESSMENT.

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

REPORTING GROUP B, 5, 10-11:

- MILLS PENINSULA MEDICAL CENTER

[HTTP://WWW.MILLS-PENINSULA.ORG/COMMUNITY/NEEDS-ASSESSMENT.HTML](http://www.mills-peninsula.org/community/needs-assessment.html)

- MENLO PARK SURGICAL HOSPITAL

[HTTP://WWW.PAMF.ORG/MPSH/COMMUNITY](http://www.pamf.org/mpsh/community)

- SUTTER MATERNITY & SURGERY SANTA CRUZ

[HTTP://WWW.SUTTERSANTACRUZ.ORG/COMMUNITY/ASSESSMENT.HTML](http://www.suttersantacruz.org/community/assessment.html)

- OTHER WEBSITE:

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

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SCHEDULE H, PART V, LINE 11

REPORTING GROUP B, 5, 10-11:

MILLS PENINSULA MEDICAL CENTER

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THE MILLS PENINSULA

MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- HEALTH CARE AND DELIVERY
- DENTAL/ORAL HEALTH
- BEHAVIORAL HEALTH
- WELL BEING

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE

SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

MPMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,

USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO

THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE

IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE

FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT:

1. ALZHEIMER'S DISEASE AND DEMENTIA - INDIRECTLY THROUGH OTHER

ORGANIZATIONS

2. ARTHRITIS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS

NEED

3. BIRTH OUTCOME - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS

THIS NEED

4. CANCER - INDIRECTLY THROUGH OTHER ORGANIZATIONS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

5. CHILDHOOD OBESITY - INDIRECTLY THROUGH OTHER ORGANIZATIONS
6. CLIMATE CHANGE - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED
7. COMMUNICABLE DISEASES - INDIRECTLY THROUGH OTHER ORGANIZATIONS
8. DIABETES - INDIRECTLY THROUGH OTHER ORGANIZATIONS
9. FITNESS, DIET & NUTRITION - INDIRECTLY THROUGH OTHER ORGANIZATIONS
10. HEART DISEASE AND STROKE - INDIRECTLY THROUGH OTHER ORGANIZATIONS
11. HOUSING AND HOMELESSNESS - INDIRECTLY THROUGH OTHER ORGANIZATIONS
12. INCOME AND EMPLOYMENT - INDIRECTLY THROUGH OTHER ORGANIZATIONS
13. RESPIRATORY CONDITIONS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED
14. SEXUALLY TRANSMITTED DISEASES - INDIRECTLY THROUGH OTHER ORGANIZATIONS
15. TRANSPORTATION AND TRAFFIC - INDIRECTLY THROUGH OTHER ORGANIZATIONS
16. UNINTENDED INJURIES - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED
17. VIOLENCE AND ABUSE - INDIRECTLY THROUGH OTHER ORGANIZATIONS

MENLO PARK SURGICAL HOSPITAL

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT MENLO PARK SURGICAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- HEALTH CARE AND DELIVERY
- ORAL/DENTAL HEALTH

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE
SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH OTHER
CRITICAL EFFORTS ON BEHALF OF MENLO PARK SURGICAL HOSPITAL.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.
MPSH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,
USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO
THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE
IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE
FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT:

1. ALZHEIMER'S DISEASE AND DEMENTIA - INDIRECTLY
2. ARTHRITIS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS
NEED
3. BEHAVIORAL HEALTH - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS
THIS NEED
4. BIRTH OUTCOME - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS
THIS NEED
5. CANCER - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED
6. CHILDHOOD OBESITY - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS
THIS NEED
7. CLIMATE CHANGE - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS
THIS NEED
8. COMMUNICABLE DISEASES - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

9. DIABETES - INDIRECTLY THROUGH OTHER ORGANIZATIONS

10. EMOTIONAL WELL BEING - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

11. FITNESS, DIET & NUTRITION - OTHER ORGANIZATIONS ARE BETTER EQUIPPED
TO ADDRESS THIS NEED

12. HEALTHCARE ACCESS & DELIVERY - INDIRECTLY THROUGH OTHER
ORGANIZATIONS

13. HEART DISEASE AND STROKE - INDIRECTLY THROUGH OTHER ORGANIZATIONS

14. HOUSING AND HOMELESSNESS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

15. INCOME AND EMPLOYMENT - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

16. RESPIRATORY CONDITIONS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

17. SEXUALLY TRANSMITTED DISEASES - OTHER ORGANIZATIONS ARE BETTER
EQUIPPED TO ADDRESS THIS NEED

18. TRANSPORTATION AND TRAFFIC - OTHER ORGANIZATIONS ARE BETTER EQUIPPED
TO ADDRESS THIS NEED

19. UNINTENDED INJURIES - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

20. VIOLENCE AND ABUSE - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO
ADDRESS THIS NEED

SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER MATERNITY & SURGERY CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- ACCESS TO PRIMARY CARE
- MENTAL & BEHAVIORAL HEALTH
- HOUSING & HOMELESSNESS

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

1. CHILDHOOD AND ADULT OBESITY (INCLUDING NUTRITION AND DIET/EXERCISE)
WHILE ISSUES RELATED TO OBESITY, NUTRITION AND PHYSICAL ACTIVITY ARE ADDRESSED WITH A SUBSET OF THE POPULATION THROUGH THE PAMF PEDIATRIC WEIGHT MANAGEMENT PROGRAM'S EDUCATIONAL COMPONENT, SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE, NOR DOES IT HAVE SUFFICIENT RESOURCES, TO EFFECTIVELY ADDRESS THIS NEED ON A BROADER SCALE IN THE COMMUNITY.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

2. DIABETES

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

3. CARE COORDINATION

SUTTER MATERNITY & SURGERY CENTER WORKS WITH OTHER HEALTH CARE PROVIDERS, CLINICS, AND SERVICE PROVIDERS AS PART OF COUNTY-WIDE COLLABORATIVE EFFORTS TO IMPROVE CARE COORDINATION.

4. WOMEN'S HEALTH

WHILE NOT ONE OF THE TOP STRATEGIC PRIORITIES LISTED IN THIS REPORT, WOMEN'S HEALTH REMAINS A KEY AREA OF EXPERTISE AND MISSION OF SUTTER MATERNITY & SURGERY CENTER.

5. YOUTH VIOLENCE

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

6. ECONOMIC SECURITY (INCLUDING FOOD INSECURITY)

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

7. INFECTIOUS AND COMMUNICABLE DISEASE

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

8. ORAL/DENTAL HEALTH

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

9. END OF LIFE CARE

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

10. HEALTH DISPARITIES

SUTTER MATERNITY & SURGERY CENTER WILL CONSIDER HEALTH DISPARITIES WHEN IMPLEMENTING THE STRATEGIES TO ADDRESS THE SIGNIFICANT NEEDS THAT WERE IDENTIFIED AS PRIORITIES.

11. ANTI-IMMUNIZATION EFFORTS

SUTTER MATERNITY & SURGERY CENTER DOES NOT HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED, AND OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

REPORTING GROUP B, 5, 10-11:

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

REPORTING GROUP B, 5, 10-11:

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:
[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://www.sutterhealth.org/communitybenefit/financial-assistance.html)

SCHEDULE H, PART V, LINE 16J

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

REPORTING GROUP B, 5, 10-11:

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE
PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING
THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE
PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL
SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER
MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS,
COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF
THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

REPORTING GROUP B, 5, 10-11:

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE
OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR
BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH
INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE
PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,
PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY
RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE
PATIENTS DO NOT PAY ANY AMOUNT.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

REPORTING FACILITY: #6, EDEN MEDICAL CENTER

SCHEDULE H, PART V, LINE 5

CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS:

EDEN MEDICAL CENTER (FACILITY #6):

IN CONDUCTING ITS MOST RECENT CHNA, EDEN MEDICAL CENTER (EMC) DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS: KEY INFORMANT INTERVIEWS WITH COMMUNITY HEALTH EXPERTS AND SERVICE PROVIDERS, AND FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS. INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICIPANT INFORMED CONSENT, AN INTERVIEW QUESTION GUIDE, A PROJECT SUMMARY SHEET, AND A REFLECTION SHEET. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. THE INTERVIEW QUESTION GUIDE WAS USED FOR BOTH THE KEY INFORMANT AND FOCUS GROUP INTERVIEWS. THE PROJECT SUMMARY SHEET WAS GIVEN TO PARTICIPANTS TO PROVIDE THEM WITH INFORMATION ABOUT THE PROJECT AND CONTACT INFORMATION FOR CHNA STAFF. AFTER THE INTERVIEW OR FOCUS GROUP WAS CONDUCTED, THE FACILITATOR CAPTURED THE MAIN FINDINGS BY COMPLETING A REFLECTION SHEET.

KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH AREA SERVICE PROVIDERS AND EXPERTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY WHO WERE FAMILIAR WITH THE POPULATIONS IN THE HSA. PRIMARY DATA COLLECTION BEGAN

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS, INCLUDING INPUT FROM THE ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT. FINDINGS FROM THE AREA-WIDE INFORMANTS WERE COMBINED WITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCING DISPARITIES, TO IDENTIFY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIFIC POPULATIONS AND LOCATIONS. THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON THEIR KNOWLEDGE OF THE NEEDS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCING DISPARITIES. A TOTAL OF 14 KEY INFORMANT INTERVIEWS WERE COMPLETED WITH 19 SERVICE PROVIDERS. THE KEY INFORMANT INTERVIEWS WERE USED TO IDENTIFY ADDITIONAL KEY SERVICE PROVIDERS TO INCLUDE IN THE ASSESSMENT, AS WELL AS TO IDENTIFY SPECIFIC POPULATIONS THAT SHOULD BE INCLUDED IN THE FOCUS GROUP INTERVIEWS.

FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS IN WHICH RESIDENTS EXPERIENCED A DISPARATE AMOUNT OF POOR SOCIO-ECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS IN THE SUTTER MEDICAL CENTER, CASTRO VALLEY HEALTH SERVICE AREA, AS WELL AS DIRECT OUTREACH FROM CHVI TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP. FOUR FOCUS GROUP DISCUSSIONS WERE CONDUCTED WITH A TOTAL OF 44 COMMUNITY MEMBERS.

SCHEDULE H, PART V, LINE 6A & 6B

CHNA HOSPITAL COLLABORATORS:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

EDEN MEDICAL CENTER (FACILITY #6):

THIS CHNA WAS CONDUCTED BY COMMUNITY HEALTH INSIGHTS, ON BEHALF OF EDEN MEDICAL CENTER OVER A PERIOD OF 8 MONTHS, BEGINNING IN MAY OF 2015 AND CONCLUDING IN DECEMBER OF 2015. THE DATA USED TO CONDUCT THE CHNA WERE BOTH IDENTIFIED AND ORGANIZED USING THE WIDELY RECOGNIZED ROBERT WOOD JOHNSON FOUNDATION'S COUNTY HEALTH RANKINGS MODEL AND A DEFINED SET OF DATA COLLECTION AND ANALYTIC STAGES WERE DEVELOPED. THE DATA THAT WERE COLLECTED AND ANALYZED INCLUDED BOTH PRIMARY, OR QUALITATIVE, DATA, AND SECONDARY, OR QUANTITATIVE DATA.

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

EDEN MEDICAL CENTER (FACILITY #6):

- HOSPITAL FACILITY'S WEBSITE:

[HTTP://WWW.EDENMEDICALCENTER.ORG/PHILANTHROPY/PHILANTHROPY-COMMUNITY-NEED.](http://www.edenmedicalcenter.org/philanthropy/philanthropy-community-need)

HTML

- OTHER WEBSITE:

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 11

EDEN MEDICAL CENTER (FACILITY #6):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT EDEN MEDICAL CENTER

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES. PRIMARY CARE RESOURCES INCLUDE COMMUNITY CLINICS, PEDIATRICIANS, FAMILY PRACTICE PHYSICIANS, INTERNISTS, NURSE PRACTITIONERS, PHARMACISTS, TELEPHONE ADVICE NURSES, AND SIMILAR. PRIMARY CARE SERVICES ARE TYPICALLY THE FIRST POINT OF CONTACT WHEN AN INDIVIDUAL SEEKS HEALTHCARE AND ARE THE FRONT LINE IN THE PREVENTION AND TREATMENT OF COMMON DISEASES AND INJURIES IN A COMMUNITY.

- ACCESS TO AFFORDABLE, HEALTHY FOOD. EATING A HEALTHY DIET IS IMPORTANT FOR ONE'S OVERALL HEALTH AND WELL-BEING. WHEN ACCESS TO HEALTHY FOODS IS CHALLENGING FOR COMMUNITY RESIDENTS, MANY TURN TO UNHEALTHY FOODS THAT ARE CONVENIENT, AFFORDABLE, AND READILY AVAILABLE. COMMUNITIES EXPERIENCING SOCIAL VULNERABILITY AND POOR HEALTH OUTCOMES OFTEN ARE OVERLOADED WITH FAST FOOD AND OTHER ESTABLISHMENTS WHERE UNHEALTHY FOOD IS SOLD.

- ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTANCE ABUSE SERVICES. INDIVIDUAL HEALTH AND WELL-BEING ARE INSEPARABLE FROM INDIVIDUAL MENTAL AND EMOTIONAL OUTLOOK. COPING WITH DAILY LIFE STRESSORS IS CHALLENGING FOR MANY PEOPLE, ESPECIALLY WHEN OTHER SOCIAL, FAMILIAL AND ECONOMIC CHALLENGES ALSO OCCUR. ADEQUATE ACCESS TO MENTAL, BEHAVIORAL AND SUBSTANCE ABUSE SERVICES HELPS COMMUNITY MEMBERS TO OBTAIN ADDITIONAL SUPPORT WHEN NEEDED.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- ACCESS TO BASIC NEEDS, SUCH AS HOUSING AND EMPLOYMENT. ACCESS TO AFFORDABLE AND CLEAN HOUSING, STABLE EMPLOYMENT, QUALITY EDUCATION, AND ADEQUATE FOOD FOR HEALTH MAINTENANCE ARE VITAL FOR SURVIVAL. MASLOW'S HIERARCHY OF NEEDS SAYS THAT ONLY WHEN MEMBERS OF A SOCIETY HAVE THEIR BASIC PHYSIOLOGICAL AND SAFETY NEEDS MET CAN THEY THEN BECOME ENGAGED MEMBERS OF SOCIETY AND SELF-ACTUALIZE OR LIVE TO THEIR FULLEST POTENTIAL, INCLUDING THEIR HEALTH.

- ACCESS TO TRANSPORTATION AND MOBILITY. HAVING ACCESS TO TRANSPORTATION SERVICES TO SUPPORT INDIVIDUAL MOBILITY IS A NECESSITY OF DAILY LIFE. WITHOUT TRANSPORTATION, INDIVIDUALS STRUGGLE TO ATTAIN THEIR BASIC NEEDS, INCLUDING THOSE THAT PROMOTE AND SUPPORT A HEALTHY LIFE.

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. EDEN MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- HEALTH EDUCATION AND HEALTH LITERACY
- SAFE AND VIOLENCE FREE ENVIRONMENT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

- ACCESS TO SPECIALTY CARE

EDEN MEDICAL CENTER DOES NOT HAVE THE RESOURCES AND/OR EXPERTISE TO RESPOND TO THESE COMMUNITY NEEDS AT THIS TIME. THE MEDICAL CENTER IS A COLLABORATIVE PARTNER TO NUMEROUS COMMUNITY ORGANIZATIONS AND ON OCCASION WILL SPONSOR PROGRAMS AND INITIATIVES THAT ADDRESS THE NEEDS LISTED ABOVE. HOWEVER, THESE NEEDS WILL NOT BE THE AREA OF FOCUS FOR 2016-2018.

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

EDEN MEDICAL CENTER (FACILITY #6):

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

EDEN MEDICAL CENTER (FACILITY #6):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:

[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://www.sutterhealth.org/communitybenefit/financial-assistance.html)

SCHEDULE H, PART V, LINE 16J

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

EDEN MEDICAL CENTER (FACILITY #6):

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

EDEN MEDICAL CENTER (FACILITY #6):

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH
INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE
PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,
PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY
RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE
PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY: #7, SUTTER SANTA ROSA REGIONAL HOSPITAL

SCHEDULE H, PART V, LINE 5

CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS:

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SANTA ROSA REGIONAL HOSPITAL,
A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM
PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE
HOSPITAL'S SERVICE AREA. COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF
COMMUNITY MEMBERS AND LEADERS THROUGH KEY INFORMANT INTERVIEWS AND FOCUS
GROUPS.

INDIVIDUALS IDENTIFIED BY THE SONOMA COUNTY (SC) CHNA COLLABORATIVE AS
HAVING VALUABLE KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE
HEALTH NEEDS OF THE COMMUNITY WERE INTERVIEWED. INTERVIEWEES INCLUDED
REPRESENTATIVES FROM THE LOCAL PUBLIC HEALTH DEPARTMENT, AS WELL AS
MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, CHRONICALLY DISEASED, AND
MINORITY POPULATIONS. OTHER INDIVIDUALS FROM VARIOUS SECTORS WITH
EXPERTISE OF LOCAL HEALTH NEEDS WERE ALSO CONSULTED. A TOTAL OF 21 KEY

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

INFORMANT INTERVIEWS WERE CONDUCTED DURING THIS NEEDS ASSESSMENT. FOR A COMPLETE LIST OF INDIVIDUALS WHO PROVIDED INPUT, SEE APPENDIX C OF THE CHNA.

ADDITIONALLY, FIVE FOCUS GROUPS WERE CONDUCTED THROUGHOUT SONOMA COUNTY, REACHING 64 RESIDENTS. THESE GROUPS WERE INTENTIONALLY SAMPLED TO REACH RESIDENTS IN SPECIFIC GEOGRAPHIC REGIONS IDENTIFIED AS AREAS OF HIGH CONCERN IN THE PORTRAIT OF SONOMA COUNTY REPORT. THESE SUBPOPULATIONS INCLUDED RESIDENTS IN PETALUMA, THE BOYES HOT SPRINGS IN SONOMA VALLEY, CLOVERDALE, ROSELAND IN SOUTHWEST SANTA ROSA, AND THE RUSSIAN RIVER AREA. FOCUS GROUPS WERE MONOLINGUAL, AND THE LANGUAGE OF FACILITATION WAS SELECTED TO ENCOURAGE PARTICIPATION FROM THE TARGET POPULATION FOR EACH CONVERSATION. THE SC CHNA COLLABORATIVE WORKED CLOSELY WITH COMMUNITY ORGANIZATIONS TO ENSURE THAT THE LOCATION AND LANGUAGE OF FACILITATION SELECTED WAS APPROPRIATE AND CONVENIENT FOR RESIDENTS IN EACH COMMUNITY. GROUPS IN CLOVERDALE AND THE BOYES HOT SPRINGS IN SONOMA VALLEY WERE CONDUCTED IN SPANISH; ALL OTHERS WERE CONDUCTED IN ENGLISH.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS, SURVEY, AND FOCUS GROUPS IN SUTTER SANTA ROSA REGIONAL HOSPITAL'S CHNA ARE AVAILABLE AT:
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
T

SCHEDULE H, PART V, LINE 6A & 6B

CHNA HOSPITAL COLLABORATORS:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

THE SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES (DHS), ALONG WITH
KFH-SANTA ROSA, ST. JOSEPH HEALTH-SONOMA COUNTY, AND SUTTER HEALTH,
SONOMA COUNTY, FORM THE SC CHNA COLLABORATIVE, WHICH WORKED TOGETHER WITH
PARTNERS AT HEALDSBURG DISTRICT HOSPITAL, PALM DRIVE HOSPITAL, AND SONOMA
VALLEY HOSPITAL ON THE 2016 CHNA PROCESS.

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

- HOSPITAL FACILITY'S WEBSITE:

[HTTP://WWW.SUTTERSANTAROSA.ORG/RELATIONS/COMMUNITY-NEEDS-ASSESSMENT.HTML](http://www.suttersantarosa.org/relations/community-needs-assessment.html)

- OTHER WEBSITE:

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 11

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SANTA ROSA
REGIONAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION
STRATEGY:

1. ECONOMIC AND HOUSING INSECURITY
2. ACCESS TO HEALTH CARE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

3. OBESITY AND DIABETES

4. ACCESS TO EDUCATION

5. ORAL HEALTH

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE

SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SUTTER SANTA ROSA REGIONAL HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY

BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND

REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE

RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE

FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT:

1. EARLY CHILDHOOD DEVELOPMENT - THE PRIMARY ISSUE WITHIN THIS IDENTIFIED PRIORITY IS ADVERSE CHILDHOOD EXPERIENCE, OR ACES. SSRRH DOES NOT HAVE ANY EXPERTISE OR STRATEGIC ACTIVITY IN THIS AREA. THERE ARE MANY ROBUST PROGRAMS AND AGENCIES COUNTY-WIDE THAT ARE ADDRESSING THESE ISSUES AND WE WILL CONSIDER SMALL REQUESTS FOR SUPPORT.

2. MENTAL HEALTH - THOUGH A SIGNIFICANT ISSUE IN OUR COMMUNITY, IT IS NOT WITHIN THE SCOPE OF THE HOSPITAL'S SERVICES TO PROVIDE MENTAL HEALTH PROGRAMS NOR DO WE HAVE THIS EXPERTISE. THOUGH NOT A MAJOR PRIORITY FOR SSRRH, WE HAVE AND WILL CONTINUE TO RESPOND TO MODEST REQUESTS FOR

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

FUNDING TO SUPPORT PROGRAMS THAT ADDRESS THESE ISSUES.

3. SUBSTANCE ABUSE - THOUGH A SIGNIFICANT ISSUE IN OUR COMMUNITY, IT IS NOT WITHIN THE SCOPE OF THE HOSPITAL'S SERVICES TO PROVIDE SUBSTANCE ABUSE TREATMENT OR PREVENTION PROGRAMS NOR DO WE HAVE THIS EXPERTISE. THOUGH NOT A MAJOR PRIORITY FOR SSRRH, WE HAVE AND WILL CONTINUE TO RESPOND TO MODEST REQUESTS FOR FUNDING TO SUPPORT PROGRAMS THAT ADDRESS THESE ISSUES.

4. VIOLENCE AND UNINTENTIONAL INJURY - THERE ARE SEVERAL PROGRAMS IN THE COMMUNITY THAT ARE WORKING, SEPARATELY AND COLLABORATIVELY TO ADDRESS THIS ISSUE, PARTICULARLY IN THE AREAS OF DOMESTIC AND GANG VIOLENCE. THOUGH NOT A MAJOR PRIORITY FOR SSRRH, WE HAVE AND WILL CONTINUE TO RESPOND TO MODEST REQUESTS FOR FUNDING TO SUPPORT PROGRAMS THAT ADDRESS THESE ISSUES.

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:

[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://www.sutterhealth.org/communitybenefit/financial-assistance.html)

SCHEDULE H, PART V, LINE 16J

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS,

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF
THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #7):

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE
OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR
BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH
INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE
PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,
PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY
RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE
PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY #8, NOVATO COMMUNITY HOSPITAL

SCHEDULE H, PART V, LINE 5

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

IN CONDUCTING ITS MOST RECENT CHNA, NOVATO COMMUNITY HOSPITAL, A FACILITY
OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO
REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE
AREA.

COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS AND
LEADERS THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

INDIVIDUALS IDENTIFIED BY THE MARIN COUNTY CHNA COLLABORATIVE AS HAVING VALUABLE KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE INTERVIEWED. INTERVIEWEES INCLUDED REPRESENTATIVES FROM THE LOCAL PUBLIC HEALTH DEPARTMENT AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. OTHER INDIVIDUALS FROM VARIOUS SECTORS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE ALSO CONSULTED. A TOTAL OF 20 KEY INFORMANT INTERVIEWS WERE CONDUCTED DURING THIS NEEDS ASSESSMENT. FOR A COMPLETE LIST OF INDIVIDUALS WHO PROVIDED INPUT, SEE APPENDIX C OF THE CHNA.

ADDITIONALLY, EIGHT FOCUS GROUPS WERE CONDUCTED THROUGHOUT MARIN COUNTY. THESE GROUPS WERE INTENTIONALLY SAMPLED TO REACH SPECIFIC SUBPOPULATIONS OF THE COUNTY THAT WERE IDENTIFIED AS HIGH-RISK POPULATIONS BY THE MARIN COUNTY CHNA COLLABORATIVE. THESE SUBPOPULATIONS INCLUDED YOUTH, ADULTS IN RECOVERY FROM SUBSTANCE ABUSE, INDIVIDUALS EXPERIENCING HOMELESSNESS, AND RESIDENTS IN MARIN CITY, NOVATO, SAN GERONIMO, CANAL, AND WEST MARIN. FOCUS GROUPS WERE MONOLINGUAL, CONDUCTED IN EITHER ENGLISH OR SPANISH.

COMMUNITY PARTNERS PROVIDED INVALUABLE ASSISTANCE IN RECRUITING AND ENROLLING FOCUS GROUP PARTICIPANTS. MANY INDIVIDUALS WHO PARTICIPATED IN FOCUS GROUPS IDENTIFIED AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, CHRONICALLY DISEASED, AND MINORITY POPULATIONS. FOR MORE INFORMATION ABOUT SPECIFIC POPULATIONS REACHED IN

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

FOCUS GROUPS, SEE APPENDIX C OF THE CHNA.

ADDITIONAL DETAILS ON KEY INFORMANTS, COLLABORATIVE PARTNERS AND FOCUS

GROUPS CAN BE FOUND IN NOVATO COMMUNITY HOSPITAL'S CHNA AT

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 6A & 6B

CHNA HOSPITAL COLLABORATORS:

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

PARTNER HOSPITALS HAVE WORKED CLOSELY TOGETHER THROUGHOUT THE CHNA

PROCESS TO ENSURE THE CHNA COMPLIED WITH THE REQUIREMENTS OF THE

AFFORDABLE CARE ACT AND INCLUDED DATA ON WHICH TO BUILD EFFECTIVE

IMPLEMENTATION STRATEGIES. MEMBERS OF THE MARIN COUNTY COMMUNITY HEALTH

NEEDS ASSESSMENT COLLABORATIVE INCLUDE:

HEALTHY MARIN PARTNERSHIP

- TERI ROCKAS, PROJECT MANAGER

HEALTH EDUCATION & PROMOTION, MEMBER OUTREACH, KAISER PERMANENTE

MARIN GENERAL HOSPITAL

- JAMIE MAITES, DIRECTOR OF COMMUNICATIONS

KAISER PERMANENTE-SAN RAFAEL

- CARL CAMPBELL, PUBLIC AFFAIRS DIRECTOR

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

- JEANNIE DULBERG, COMMUNITY BENEFIT MANAGER
- MOLLY BERGSTROM, COMMUNITY BENEFIT MANAGER

NOVATO COMMUNITY HOSPITAL

- MARY STREBIG APR, MANAGER, COMMUNITY RELATIONS, COMMUNITY BENEFIT, &
COMMUNICATIONS

MARIN COUNTY HEALTH & HUMAN SERVICES

- ROCHELLE EREMAN, MS, MPH, COMMUNITY EPIDEMIOLOGY PROGRAM CHIEF
- KATHY KOBlick, MPH, PUBLIC HEALTH DIVISION DIRECTOR

CONSULTANTS

- HARDER+COMPANY COMMUNITY RESEARCH WAS INSTRUMENTAL IN SUPPORTING THE
COMMUNITY HEALTH NEED PRIORITIZATION PROCESS BY PRESENTING EXTENSIVE DATA
IN A USEFUL WAY AND FACILITATING A MEANINGFUL CONVERSATION THAT RESULTED
IN ESTABLISHMENT OF COMMUNITY PRIORITIES ON WHICH FUTURE DECISIONS CAN BE
BASED.

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

- HOSPITAL FACILITY'S WEBSITE:

[HTTP://WWW.NOVATOCOMMUNITY.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML](http://www.novatocommunity.org/about/community-needs-assessment.html)

- OTHER WEBSITE:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 11

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT NOVATO COMMUNITY
HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

ACCESS TO HEALTH CARE: WITH THE IMPLEMENTATION OF THE ACA, MANY ADULTS IN
MARIN COUNTY ARE ABLE TO OBTAIN INSURANCE COVERAGE AND ACCESS REGULAR
HEALTH CARE. WHILE MARIN COUNTY SCORES BETTER THAN THE CALIFORNIA STATE
AVERAGE ON MANY INDICATORS MEASURING HEALTH CARE ACCESS, THE COUNTY
CONTINUES TO WORK TOWARDS PROVIDING AFFORDABLE AND CULTURALLY COMPETENT
CARE FOR ALL RESIDENTS. LOWER-INCOME RESIDENTS FACE THE GREATEST
CHALLENGES; MANY PROVIDERS THAT SEE LOW-INCOME PATIENTS ARE AT CAPACITY,
AND PUBLIC INSURANCE IS NOT ACCEPTED BY MANY PHYSICIANS IN THE COUNTY. IN
ADDITION TO BARRIERS IN OBTAINING AFFORDABLE CARE, MARIN RESIDENTS HAVE
NOTABLY LOW UTILIZATION RATES FOR CHILDHOOD VACCINATIONS COMPARED TO
CALIFORNIA AS A WHOLE.

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE
SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH OTHER
CRITICAL EFFORTS ON BEHALF OF NOVATO COMMUNITY HOSPITAL.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

NOVATO COMMUNITY HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY

ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING

A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF

COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING

SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY

HEALTH NEEDS ASSESSMENT:

- OBESITY AND DIABETES: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- EDUCATION: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- ECONOMIC AND HOUSING INSECURITY: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- MENTAL HEALTH: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- SUBSTANCE ABUSE: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- ORAL HEALTH: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED
- VIOLENCE AND UNINTENTIONAL INJURY: NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:

[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://www.sutterhealth.org/communitybenefit/financial-assistance.html)

SCHEDULE H, PART V, LINE 16J

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING

Schedule H (Form 990) 2016

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE
PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL
SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER
MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS,
COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF
THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #8):

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE
OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR
BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH
INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE
PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,
PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY
RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE
PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY: #9, SUTTER LAKESIDE HOSPITAL

SCHEDULE H, PART V, LINE 5

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER LAKESIDE HOSPITAL, A FACILITY

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. THE COMMUNITY INPUT-USING A WIDELY DISTRIBUTED SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS-SOLICITED OPINIONS ABOUT HEALTH CONCERNS AND SUGGESTIONS FOR IMPROVEMENT, AND VALIDATED AND ENRICHED THE STATISTICAL DATA.

A SURVEY WAS DEVELOPED IN ENGLISH AND SPANISH THAT SOLICITED PEOPLE'S OPINIONS ABOUT MOST IMPORTANT HEALTH NEEDS, BARRIERS TO ACCESS, AND SUGGESTIONS FOR COMMUNITY HEALTH IMPROVEMENTS. CERTAIN QUESTIONS THAT SERVE AS MARKERS FOR ACCESS TO SERVICES WERE ALSO INCLUDED. THE SURVEY WAS DISTRIBUTED IN HARD COPY BY MEMBERS OF THE COLLABORATIVE TO LOCATIONS WHERE THE GROUPS OF INTEREST WOULD BEST BE REACHED, SUCH AS AT BRANCHES OF PUBLIC LIBRARIES, LAUNDROMATS, CHURCHES, NAIL SALONS, AND FAMILY RESOURCE CENTERS THROUGHOUT THE COUNTY, AS WELL AS PROMOTED THROUGH EFFORTS SUCH AS AT THE 2-DAY VALLEY FIRE "REBUILD EXPO" IN MIDDLETOWN AND OVER THE AIR ON KPFZ'S "SENIOR MOMENTS" SHOW. THE SURVEY WAS ALSO AVAILABLE BY ONLINE (ENGLISH ONLY) AND NOTICES ABOUT THE ELECTRONIC VERSION WERE POSTED ON THE COUNTY'S AND VARIOUS ORGANIZATIONS' WEBSITES AND IN NEWSLETTERS. ALL OF THE ELECTRONIC AND HARD-COPY SURVEY DATA WERE CLEANED, CODED, AND ENTERED INTO AN EXCEL SPREADSHEET AND ANALYZED USING SPSS VERSION 20.0.

THREE COMMUNITIES--CLEARLAKE, LAKEPORT AND KELSEYVILLE--ENSURED GEOGRAPHIC REPRESENTATION AT THE 6 COMMUNITY FOCUS GROUPS THAT WERE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

CONDUCTED. KEY COMMUNITY-BASED ORGANIZATIONS AND SOCIAL CLUBS WERE IDENTIFIED BY THE COLLABORATIVE AND INVITED TO HOST A FOCUS GROUP. IN EACH CASE, THE FOCUS GROUPS WERE CO-SCHEDULED DURING A TIME THE PARTICIPANTS WERE ALREADY MEETING THERE FOR OTHER PURPOSES (E.G., YOUNG MOTHERS ATTENDING A MOTHER-WISE PARENTING MEETING) TO FACILITATE ACCESS AND PROMOTE ATTENDANCE. ALTHOUGH THE PARTICIPANTS CONSTITUTED A CONVENIENCE SAMPLE, THERE WAS THE EXPECTATION THAT IN THE AGGREGATE THE GROUPS WOULD BE DIVERSE AND INCLUDE THE POPULATIONS OF HIGHEST INTEREST.

A COMMON SET OF STRUCTURED KEY QUESTIONS WAS USED FOR ALL GROUPS. THE QUESTIONS WERE GENERALLY OPEN-ENDED; PROMPTING WITH INFORMATION OR DATA WAS LIMITED TO REDUCE THE POTENTIAL FOR BIAS OR LEADING OF PARTICIPANTS TO ANY CONCLUSIONS. PARTICIPANTS WERE NOT ASKED TO "VOTE" OR OTHERWISE RANK THE ITEMS THEY IDENTIFIED AS NEEDS, PROBLEMS OR SOLUTIONS. THE FOCUS GROUP DATA WERE RECORDED ON A FLIP CHART OR NOTEBOOK BY THE FACILITATOR DURING THE MEETINGS THEN TRANSFERRED TO WRITTEN SUMMARY FORMATS WHERE THE NOTES WERE THEN CODED FOR ANALYSIS. A \$20 SAFEWAY GIFT CARD WAS OFFERED IN MOST GROUPS IN APPRECIATION FOR PARTICIPATION. THE AGENCIES AND ORGANIZATIONS THAT SPONSORED THE COMMUNITY MEETINGS HELPED TO PUBLICIZE THE SESSIONS AND PROMOTE ATTENDANCE.

TELEPHONE INTERVIEWS USING A STRUCTURED SET OF QUESTIONS (WITH ADDITIONAL, PERSONALIZED QUESTIONS TO OBTAIN MORE IN-DEPTH INFORMATION) WERE CONDUCTED WITH 12 OF THE 16 INVITED INDIVIDUALS WHO AGREED TO PARTICIPATE IN A KEY INFORMANT INTERVIEW. THE INTERVIEWS PROVIDED AN

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

INFORMED PERSPECTIVE FROM THOSE WHO WORK DIRECTLY WITH THE PUBLIC AND/OR
DETERMINE SOME OF THE POLICIES THAT AFFECT THE COMMUNITY'S HEALTH. THESE
INDIVIDUALS WERE ABLE TO OFFERED INFORMATION ABOUT LOCAL RESOURCES AND
GAPS IN SERVICES, HIGH-PRIORITY HEALTH NEEDS, AND SUGGESTIONS FOR
POSITIVE CHANGE. THE INTERVIEWS ALSO FOCUSED THE NEEDS ASSESSMENT ON
PARTICULAR ISSUES OF CONCERN WHERE INDIVIDUALS WITH CERTAIN EXPERTISE
COULD CONFIRM OR DISPUTE PATTERNS IN THE DATA AND IDENTIFY DATA AND OTHER
STUDIES THE COLLABORATIVE MIGHT NOT OTHERWISE BE AWARE OF THE FINDINGS
FROM KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND SURVEY IN SUTTER
LAKESIDE HOSPITAL'S CHNA ARE AVAILABLE AT
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
T

SCHEDULE H, PART V, LINE 6A & 6B

CHNA HOSPITAL COLLABORATORS:

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

THE COLLABORATIVE INCLUDED THE TWO LAKE COUNTY HOSPITALS, ST. HELENA
CLEAR LAKE AND SUTTER LAKESIDE.

SCHEDULE H, PART V, LINE 7A, 7B, 10A

CHNA AVAILABILITY ONLINE:

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

- HOSPITAL FACILITY'S WEBSITE:

[HTTP://WWW.SUTTERLAKESIDE.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML](http://www.sutterlakeside.org/about/community-needs-assessment.html)

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

- OTHER WEBSITE:

[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)

T

SCHEDULE H, PART V, LINE 11

SUTTER LAKESIDE HOSPITALS (HOSPITAL FACILITY #9):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT SUTTER LAKESIDE HOSPITAL

INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

1. ACCESS TO HEALTHCARE SERVICES
2. COMMUNITY HEALTH EDUCATION
3. ALCOHOL AND DRUG ABUSE PREVENTION AND SERVICES

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE
SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.
SUTTER LAKESIDE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY
ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING
A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF
COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING
SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY
HEALTH NEEDS ASSESSMENT:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- HOUSING AND HOMELESSNESS

SUTTER LAKESIDE HOSPITAL WILL LOOK TO SUPPORT HOUSING AND HOMELESSNESS INITIATIVES AS OPPORTUNITIES ARISE WITH OUR COMMUNITY PARTNERS. HOWEVER, HOUSING AND HOMELESSNESS WILL NOT BE ONE OF SUTTER LAKESIDE'S PRIMARY FOCUSES.

- MENTAL HEALTH

WHILE SUTTER LAKESIDE SUPPORTS ORGANIZATIONS THAT ADDRESS THE STATE OF MENTAL HEALTH IN LAKE COUNTY, MENTAL HEALTH WILL NOT BE ONE OF SUTTER LAKESIDE'S PRIMARY FOCUSES.

SCHEDULE H, PART V, LINE 15E

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT:

[HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML](http://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML)

SCHEDULE H, PART V, LINE 16J

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, LINE 22D

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #9):

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE
OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR
BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH
INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE
PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER,
PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY
RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE
PATIENTS DO NOT PAY ANY AMOUNT.

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? 29

Name and address	Type of Facility (describe)
1 CALIFORNIA CAMPUS - ALZHEIMERS RES CARE 3773 SACRAMENTO STREET SAN FRANCISCO CA 94118	SKILLED NURSING FACILITY
2 CPMC - BREAST HEALTH CENTER 3698 CALIFORNIA STREET SAN FRANCISCO CA 94118	OUTPATIENT SERVICES - MAMMOGRAPHY
3 SUTTER LAKESIDE FAMILY MEDICAL CLINIC 5176 HILL ROAD EAST LAKEPORT CA 95453	RURAL HEALTH CLINIC
4 SAN FRANCISCO ENDOSCOPY CENTER 3468 CALIFORNIA ST SAN FRANCISCO CA 94118	OUTPATIENT SERVICES
5 CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET, SUITE 103 SAN FRANCISCO CA 94115	RAD/LAB/ULTRASOUND SERVICES
6 CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET, SUITE 106 SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - LABORATORY/IMAGING
7 CPMC PACIFIC CAMPUS - STANFORD BUILDING 2351 CLAY STREET SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - AMBULATORY SURGERY & CANCER
8 CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET, SUITE 114A SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - HEART TRANSPLANT CLINIC
9 CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET, 4TH FLOOR SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - LIVER, PANCREAS, KIDNEY TRANSPLANT CLINIC
10 CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET, 5TH FLOOR SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - OPHTHALMOLOGY CLINIC

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 PHYSICAL THERAPY & SPORT FITNESS 100 ROWLAND WAY NOVATO CA 94945	OUTPATIENT SERVICES
2 DIAGNOSTIC CENTER 165 ROWLAND WAY NOVATO CA 94945	OUTPATIENT SERVICES - LABORATORY
3 SURGERY TRANSFUSION SERVICES 180 ROWLAND WAY NOVATO CA 94945	OUTPATIENT SERVICES
4 CPMC PACIFIC CAMPUS - STANFORD BUILDING 2351 CLAY STREET, SUITE 600 SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - IES
5 CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - PT, OT & CARDIAC REHAB
6 IMAGING SERVICES 1375 SUTTER STREET SAN FRANCISCO CA 94119	OUTPATIENT SERVICES
7 KALMANOVITZ CHILD DEVELOPMENT CENTER 1580 VALENCIA STREET, SUITE 701 SAN FRANCISCO CA 94110	OUTPATIENT SERVICES - CHILD DEVELOPMENT
8 KALMANOVITZ CHILD DEVELOPMENT CENTER 1625 VAN NESS SAN FRANCISCO CA 94109	OUTPATIENT SERVICES - CHILD DEVELOPMENT
9 SAN MATEO SATELLITE HAND THERAPY CLINIC 101 NORTH EL CAMINO SAN MATEO CA 94401	OUTPATIENT SERVICES - HAND THERAPY
10 TERRA LINDA HEALTH PLAZA 4000 CIVIC CENTER DRIVE SAN RAFAEL CA 94903	OUTPATIENT SERVICES

Schedule H (Form 990) 2016

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? _____

Name and address	Type of Facility (describe)
1 SUTTER MEDICAL CENTER SANTA ROSA-SPORTS 4729 HOEN AVENUE, SUITE A SANTA ROSA CA 95405	OUTPATIENT SERVICES
2 PRESIDIO SURGERY CENTER 1635 DIVISADERO STREET, SUITE 200 SAN FRANCISCO CA 94115	OUTPATIENT SERVICES
3 CALIFORNIA PACIFIC ADVANCED IMAGING 504 REDWOOD BLVD., #300 NOVATO CA 94947	OUTPATIENT SERVICES
4 CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET, SUITE 150 SAN FRANCISCO CA 94115	OUTPATIENT SERVICES - ALS
5 MILLS-PENINSULA HEALTH CENTER 100 S. SAN MATEO DRIVE SAN MATEO CA 94401	CHRONIC DIALYSIS, RENAL DISEASE
6 MILLS-PENINSULA SKILLED NURSING FACILITY 1609 TROUSDALE DRIVE BURLINGAME CA 94010	SKILLED NURSING FACILITY
7 FITNESS AND THERAPY CENTER 1875 TROUSDALE DRIVE BURLINGAME CA 94010	CARDIAC REHABILITATION, PHYSICAL AND OCCUPATIONAL THERAPY
8 REHABILITATION SERVICES 14207 E. 14TH STREET SAN LEANDRO CA 94578	OUTPATIENT REHAB SERVICES
9 FAMILY MEDICINE CLINIC 5176A HILL ROAD EAST LAKEPORT CA 95453	OUTPATIENT SERVICES
10	

Schedule H (Form 990) 2016

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

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 PATIENT'S FAMILY INCOME.

SCHEDULE H, PART I, LINE 3B

SUTTER BAY HOSPITALS IS COMMITTED TO PROVIDING CHARITY CARE AND THEREFORE, PROVIDES FREE CARE AT A HIGH PERCENTAGE OF FPG. IT DOES NOT PROVIDE DISCOUNTED CARE.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY USED:

COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY.

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

SCHEDULE H, PART I, LINE 7G

CALIFORNIA PACIFIC MEDICAL CENTER:

THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS \$8,975,741.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES:

CALIFORNIA PACIFIC MEDICAL CENTER

CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) FUNDS THE FOLLOWING PROGRAMS

THAT HELP ADDRESS THE ROOT CAUSE 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

ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH.

BUILDING THE SAN FRANCISCO WORKFORCE, ESPECIALLY CREATING OPPORTUNITIES

FOR YOUTH, IS A MAJOR FOCUS FOR CPMC. IN 2016, CPMC PROVIDED

WORK-READINESS TRAINING AND CAREER EXPLORATION EXPERIENCES TO INDIVIDUALS

THROUGH ITS COMMUNITY WORKFORCE PROGRAMS. THESE PARTNERSHIPS HELP EDUCATE

AND INSPIRE UNDERSERVED YOUTH TO PURSUE HEALTH CAREERS. THEY INCLUDE:

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

GALILEO HEALTH ACADEMY OFFERS TWO 12-WEEK SPEAKER SERIES 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 ENHANCE STUDENTS' UNDERSTANDING OF THE COMPLEXITIES AND OPPORTUNITIES IN A MODERN, COMPREHENSIVE 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 YOUNG ADULTS BETWEEN THE AGES OF 18 - 24 INTO INFORMATION TECHNOLOGY INTERNSHIPS AT CPMC.

CPMC CONTRIBUTES TO IMMACULATE CONCEPTION ACADEMY WORK STUDY PROGRAM, WHICH PROVIDES A COLLEGE PREPARATORY EDUCATION WITH MEANINGFUL WORK STUDY EXPERIENCE TO STUDENTS COMING FROM FAMILIES WITH LIMITED FINANCIAL MEANS.

CPMC'S CHILD DEVELOPMENT CENTER IS PART OF THE FIRST 5 CALIFORNIA

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
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- 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

COALITIONS. FIRST 5 CALIFORNIA REPRESENTS AN IMPORTANT PART OF OUR STATE'S EFFORT TO NURTURE AND PROTECT OUR MOST PRECIOUS RESOURCE - OUR CHILDREN. FIRST 5 CALIFORNIA'S SERVICES AND SUPPORT ARE DESIGNED TO ENSURE THAT MORE CHILDREN ARE BORN HEALTHY AND REACH THEIR FULL POTENTIAL.

THE NATIONAL COUNCIL ON AGING SENIOR COMMUNITY SERVICE PROGRAM: CREATED IN 1965, SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM 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 COLLEGE FUND HELPS LOW-INCOME SAN FRANCISCO YOUTH COMPLETE A COLLEGE DEGREE AND PREPARE FOR POST-COLLEGE SUCCESS 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.

CPMC'S COMMUNITY BUILDING ACTIVITIES ALSO INCLUDE SUPPORTING LEADERSHIP

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
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- 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

AND CIVIC DEVELOPMENT TRAINING AND COALITION BUILDING ACTIVITIES THROUGH
SPONSORSHIPS AND MEMBERSHIPS.

MILLS PENINSULA MEDICAL CENTER:

MILLS PENINSULA MEDICAL CENTER DID NOT HAVE ANY COMMUNITY BUILDING
ACTIVITIES TO REPORT IN 2016.

SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ:

SUTTER MATERNITY & SURGERY CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP
ADDRESS THE ROOT CAUSE 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 ASSETS BY OFFERING THE
EXPERTISE AND RESOURCES OF SUTTER HEALTH.

THE ENVIRONMENTAL AWARENESS PROGRAM AT SUTTER MATERNITY & SURGERY CENTER
FOCUSES ON REDUCTION OF COMMUNITY ENVIRONMENTAL HAZARDS ALONG WITH THE
SHARING IN HEALTH CARE FACILITY ENVIRONMENTAL RESPONSIBILITY, WHICH
INCLUDES WASTE REDUCTION, GREEN PURCHASING AND OTHER ECOLOGY INITIATIVES.

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
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- 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

EDEN MEDICAL CENTER:

EDEN MEDICAL CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE 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 ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH.

YOUTH BRIDGE IS A YEAR-ROUND CAREER DEVELOPMENT PROGRAM FOR STUDENTS FROM 6TH GRADE THROUGH COLLEGE THAT EMPOWER AT-RISK EAST BAY YOUTH TO COMPLETE HIGH SCHOOL, GAIN MEANINGFUL EMPLOYMENT EXPERIENCE, LEARN ABOUT HEALTH-RELATED CAREERS AND PURSUE FURTHER ACADEMIC AND VOCATIONAL EDUCATION. YOUTH BRIDGE HAS SERVED MORE THAN 1,200 EAST BAY YOUTH SINCE ITS INCEPTION 26 YEARS AGO, WITH THE GOAL OF ENCOURAGING AND SUPPORTING THESE CHILDREN IN THEIR TRANSITION FROM ADOLESCENCE TO ADULTHOOD.

EDEN MEDICAL CENTER PROVIDES FUNDING TO THE ALAMEDA COUNTY SHERIFF'S

Part VI Supplemental Information

Provide the following information

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- 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
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- 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

OFFICE FOR LEADERSHIP DEVELOPMENT FOR RE-ENTERING COMMUNITY MEMBERS TO
TEACH NEW SKILLS AND EDUCATION AS WELL AS PROVIDE FRESH FOOD TO THE
COMMUNITY MEMBERS.

SUTTER SANTA ROSA REGIONAL HOSPITAL:

SUTTER SANTA ROSA REGIONAL HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT
HELP ADDRESS THE ROOT CAUSE 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 ASSETS BY OFFERING THE
EXPERTISE AND RESOURCES OF SUTTER HEALTH.

SUTTER SANTA ROSA REGIONAL HOSPITAL EMPLOYEES PARTICIPATE ON THE HEALTH
ACTION COMMITTEE. SONOMA COUNTY DEVELOPED THIS MULTI-PRONGED APPROACH TO
BECOMING THE "HEALTHIEST COUNTY IN CALIFORNIA" BY 2020 THAT INVOLVES
LEADERS FROM ACROSS HEALTHCARE, COMMUNITY-BASED ORGANIZATIONS AND
INDUSTRY TO WORK TOGETHER TO IMPROVE HEALTH AND QUALITY OF LIFE FOR ALL.

HOSPITAL STAFF PROVIDED TIME TO SUPPORT THE ACTIVITIES OF COVERED SONOMA

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
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TO IMPROVE HEALTH CARE ACCESS, AND SUTTER SANTA ROSA REGIONAL HOSPITAL
 PROVIDED FUNDING TO SUPPORT THE SONOMA COUNTY DENTAL NETWORK, AND THE
 HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE.

NOVATO COMMUNITY HOSPITAL:

NOVATO COMMUNITY HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS
 THE ROOT CAUSE 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 ASSETS BY OFFERING THE EXPERTISE
 AND RESOURCES OF SUTTER HEALTH.

NOVATO COMMUNITY HOSPITAL SUPPORTS ECONOMIC DEVELOPMENT THROUGH SUPPORT
 OF THE SAN RAFAEL CHAMBER OF COMMERCE ACTIVITIES AND THE MARIN ECONOMIC
 FORUM. THE MARIN ECONOMIC FORUM PROVIDES INFORMATION AND OPPORTUNITIES TO
 COLLABORATE FOR IMPROVING MARIN COUNTY'S ECONOMIC VITALITY, WHILE SEEKING
 TO INCREASE SOCIAL EQUITY AND PROTECT THE ENVIRONMENT.

IN 1995, THE HEALTHY MARIN PARTNERSHIP WAS FORMED IN RESPONSE TO

Part VI Supplemental Information

Provide the following information

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- 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

CALIFORNIA SENATE BILL 697, A LEGISLATIVE MANDATE REQUIRING

NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY NEEDS ASSESSMENT EVERY

THREE YEARS. NOVATO COMMUNITY HOSPITAL PARTICIPATES IN THIS PARTNERSHIP,

ALONG WITH OTHER KEY STAKEHOLDERS, TO PRODUCE THE COMMUNITY HEALTH NEEDS

ASSESSMENT.

NOVATO COMMUNITY HOSPITAL SUPPORTS NOVATO FOUNDATION FOR PUBLIC EDUCATION

WHICH WORKS TO MAKE YOUTH EDUCATION MORE ENGAGING THROUGH FOCUSING ON

COLLEGE PREP, CLASSROOM TECHNOLOGY, AND GRANTS TO SUPPORT STUDENT

ACTIVITIES AND CLUBS.

SUTTER LAKESIDE HOSPITAL:

SUTTER LAKESIDE HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS

THE ROOT CAUSE 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 ASSETS BY OFFERING THE EXPERTISE

AND RESOURCES OF SUTTER HEALTH.

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SUTTER LAKESIDE HOSPITAL STAFF MEMBERS ARE ASSIGNED TO COMMUNITY BOARDS,
PANELS, COMMITTEES AND GROUPS IN SUPPORT OF COMMUNITY BUILDING.

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.

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.

Part VI Supplemental Information

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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 \$204 MILLION AND \$192

Part VI Supplemental Information

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MILLION FOR 2016 AND 2015, RESPECTIVELY.

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.

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.

Part VI Supplemental Information

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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.

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

MILLS PENINSULA MEDICAL CENTER (REPORTING GROUP B):

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

MENLO PARK SURGICAL HOSPITAL (REPORTING GROUP B): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

SUTTER MATERNITY & SURGERY CENTER (REPORTING GROUP B):

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS

Part VI Supplemental Information

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ASSESSMENT REFERENCED.

EDEN MEDICAL CENTER: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL
COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018
COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

SUTTER SANTA ROSA REGIONAL HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT
ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE
2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

NOVATO COMMUNITY HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY
ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 -
2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

SUTTER LAKESIDE HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY
ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 -
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SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

SUTTER HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE.

LANGUAGES: THE POLICY SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA. IN ADDITION, ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY INFORMATION PROVIDED TO PATIENTS DURING THE PROVISION OF HOSPITAL SERVICES:

A. DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS

Part VI Supplemental Information

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PRACTICABLE) HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND IDENTIFY THE DEPARTMENT THAT PATIENTS CAN VISIT TO RECEIVE INFORMATION ABOUT, AND ASSISTANCE WITH APPLYING FOR, FINANCIAL ASSISTANCE.

B. FINANCIAL ASSISTANCE COUNSELORS: PATIENTS WHO MAY BE UNINSURED PATIENTS SHALL BE ASSIGNED FINANCIAL COUNSELORS, WHO SHALL VISIT WITH THE PATIENTS IN PERSON AT THE HOSPITAL, PROVIDE PATIENTS A FINANCIAL ASSISTANCE APPLICATION, ASSIST WITH THE APPLICATION PROCESS, AND PROVIDE CONTACT INFORMATION FOR THE PATIENT TO CALL FOR QUESTIONS.

C. EMERGENCY SERVICES: IN THE CASE OF EMERGENCY SERVICES, HOSPITALS SHALL PROVIDE ALL PATIENTS A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE.

D. APPLICATIONS PROVIDED AT DISCHARGE: AT THE TIME OF DISCHARGE, HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE

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SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

E. INFORMATION PROVIDED TO PATIENTS AT OTHER TIMES:

1. CONTACT INFORMATION WHICH INCLUDES A PHONE NUMBER AND HOSPITAL DEPARTMENT TO OBTAIN ADDITIONAL INFORMATION ABOUT FINANCIAL ASSISTANCE AND ASSISTANCE WITH THE APPLICATION PROCESS.
2. BILLING STATEMENTS: BILLING STATEMENTS PROVIDED TO PATIENTS SHALL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, A PHONE NUMBER FOR PATIENTS TO CALL WITH QUESTIONS ABOUT FINANCIAL ASSISTANCE, AND THE WEBSITE ADDRESS WHERE PATIENTS CAN OBTAIN ADDITIONAL INFORMATION ABOUT FINANCIAL ASSISTANCE INCLUDING THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND THE APPLICATION FOR FINANCIAL ASSISTANCE.
3. UPON REQUEST: HOSPITALS SHALL PROVIDE PATIENTS WITH PAPER COPIES OF THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY UPON REQUEST AND WITHOUT CHARGE.

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F. PUBLICITY OF FINANCIAL ASSISTANCE INFORMATION

1. PUBLIC POSTING: HOSPITALS SHALL POST COPIES OF THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IN A PROMINENT LOCATION IN THE EMERGENCY ROOM, ADMISSIONS AREA, AND ANY OTHER LOCATION IN THE HOSPITAL WHERE THERE IS A HIGH VOLUME OF PATIENT TRAFFIC, INCLUDING BUT NOT LIMITED TO THE WAITING ROOMS, BILLING OFFICES, AND HOSPITAL OUTPATIENT SERVICE SETTINGS. THESE PUBLIC NOTICES SHALL INCLUDE INFORMATION ABOUT THE RIGHT TO REQUEST AN ESTIMATE OF FINANCIAL RESPONSIBILITY FOR SERVICES.

2. WEBSITE: THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY SHALL BE AVAILABLE IN A PROMINENT PLACE ON THE SUTTER HEALTH WEBSITE (WWW.SUTTERHEALTH.ORG) AND ON EACH INDIVIDUAL HOSPITAL'S WEBSITE. PERSONS SEEKING INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL NOT BE REQUIRED TO CREATE AN ACCOUNT OR PROVIDE ANY PERSONAL INFORMATION BEFORE RECEIVING INFORMATION ABOUT FINANCIAL ASSISTANCE.

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3. MAIL: PATIENTS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY BE SENT BY MAIL, AT NO COST TO THE PATIENT.

4. ADVERTISEMENTS/PRESS RELEASES: AS NECESSARY AND ON AT LEAST AN ANNUAL BASIS, SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT HOSPITALS IN THE PRINCIPAL NEWSPAPER(S) IN THE COMMUNITIES SERVED BY SUTTER HEALTH, OR WHEN DOING SO IS NOT PRACTICAL, SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THIS INFORMATION, OR USE OTHER MEANS THAT SUTTER HEALTH CONCLUDES WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY TO AFFECTED PATIENTS IN OUR COMMUNITIES.

5. COMMUNITY AWARENESS: SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY (ESPECIALLY THOSE WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE) ABOUT THE AVAILABILITY OF

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FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

CALIFORNIA PACIFIC MEDICAL FOUNDATION (REPORTING GROUP A):

THE HOSPITAL SERVICE AREA FOR CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULATIONS RESIDING IN THE CITY AND COUNTY OF SAN FRANCISCO. THERE ARE 13 HOSPITALS IN SAN FRANCISCO COUNTY.

SAN FRANCISCO IS THE CULTURAL AND COMMERCIAL CENTER OF THE BAY AREA AND IS THE ONLY CONSOLIDATED CITY AND COUNTY JURISDICTION IN CALIFORNIA. AT ROUGHLY 47 SQUARE MILES, IT IS THE SMALLEST COUNTY IN THE STATE, BUT IS THE MOST DENSELY POPULATED LARGE CITY IN CALIFORNIA (WITH A POPULATION DENSITY OF 18,187 RESIDENTS PER SQUARE MILE) AND THE SECOND MOST DENSELY POPULATED MAJOR CITY IN THE U.S., AFTER NEW YORK CITY.

BETWEEN 2010 AND 2014, THE POPULATION IN SAN FRANCISCO GREW BY 5 PERCENT TO 845,602, OUTPACING POPULATION GROWTH IN CALIFORNIA (3.9 PERCENT). BY

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2030, SAN FRANCISCO'S POPULATION IS EXPECTED TO TOTAL NEARLY 970,000.

THE PROPORTION OF SAN FRANCISCO'S POPULATION THAT IS 65 YEARS AND OLDER IS EXPECTED TO INCREASE FROM 13.7 PERCENT IN 2010 TO 19.9 PERCENT IN 2030. THE PROPORTION OF THE POPULATION 75 YEARS AND OLDER WILL INCREASE FROM 6.9 PERCENT TO 9.8 PERCENT. AT THE SAME TIME, IT IS ESTIMATED THAT THE PROPORTION OF WORKING AGE RESIDENTS (25 TO 64 YEARS OLD) WILL DECREASE FROM 63.4 PERCENT IN 2010 TO 57.7 PERCENT IN 2030. THIS SHIFT COULD HAVE IMPLICATIONS FOR THE PROVISION OF SOCIAL SERVICES.

IN THE PAST 50 YEARS, THE MOST NOTABLE ETHNIC SHIFTS HAVE BEEN A STEEP INCREASE IN THE ASIAN AND PACIFIC ISLANDER POPULATION AND A DECREASE IN THE BLACK/AFRICAN AMERICAN POPULATION. BY 2030, GROWTH IS EXPECTED IN THE NUMBER OF MULTI-ETHNIC AND LATINO RESIDENTS, WHILE THE NUMBER OF BLACK/AFRICAN AMERICAN RESIDENTS WILL LIKELY CONTINUE TO DROP. THE WHITE POPULATION IS EXPECTED TO CONTINUE TO INCREASE IN NUMBERS, BUT WILL DECREASE AS A PERCENTAGE OF THE TOTAL POPULATION.

Part VI Supplemental Information

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CURRENTLY, ABOUT ONE THIRD OF SAN FRANCISCO'S POPULATION IS FOREIGN BORN AND 23 PERCENT OF RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL." THE MAJORITY OF THE FOREIGN-BORN POPULATION COMES FROM ASIA (64 PERCENT), WHILE 20 PERCENT WERE BORN IN LATIN AMERICA, MAKING CHINESE (MANDARIN, CANTONESE, AND OTHER) (18 PERCENT) AND SPANISH (12 PERCENT) THE MOST COMMON NON-ENGLISH LANGUAGES SPOKEN IN THE CITY.

ALTHOUGH SAN FRANCISCO HAS A RELATIVELY SMALL PROPORTION OF HOUSEHOLDS WITH CHILDREN (19 PERCENT) COMPARED TO THE STATE OVERALL (36 PERCENT), THE NUMBER OF SCHOOL-AGED CHILDREN IS PROJECTED TO RISE.

AS OF 2013, SAN FRANCISCO WAS HOME TO 58,000 FAMILIES WITH CHILDREN, 29 PERCENT OF WHICH WERE HEADED BY SINGLE PARENTS. THERE WERE APPROXIMATELY 114,000 CHILDREN UNDER THE AGE OF 18. ALTHOUGH THE OVERALL NUMBER OF CHILDREN UNDER 18 DECREASED BY 7 PERCENT IN THE LAST 20 YEARS, THE NUMBER OF SCHOOL-AGED CHILDREN IS PROJECTED TO RISE BY 28 PERCENT BY 2020.

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FOR A FAMILY OF FOUR, THE FEDERAL POVERTY LEVEL IS \$24,250 (2015). ALMOST
1 IN 3 SAN FRANCISCANS (211,000 PEOPLE) LIVE BELOW 200 PERCENT OF THE
FEDERAL POVERTY LEVEL. 14 PERCENT OF CHILDREN LIVE IN POVERTY. IN SAN
FRANCISCO, THERE IS SIGNIFICANT INEQUALITY IN HOUSEHOLD INCOME BETWEEN
RACES: WHITE HOUSEHOLD MEDIAN INCOME IS OVER \$100,000, WHILE
BLACK/AFRICAN AMERICAN HOUSEHOLD MEDIAN INCOME IS \$30,000.

THE NEIGHBORHOODS WITH THE GREATEST PROPORTION OF HOUSEHOLDS WITH
CHILDREN ARE: SEACLIFF, BAYVIEW HUNTERS POINT, VISITACION VALLEY, OUTER
MISSION, EXCELSIOR, TREASURE ISLAND, AND PORTOLA.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS
AVAILABLE IN THE CALIFORNIA PACIFIC MEDICAL CENTER CHNA AT
[HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
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REPORTING GROUP B:

MILLS PENINSULA MEDICAL CENTER (MPMC) AND MENLO PARK SURGICAL CENTER

Part VI Supplemental Information

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(MPSC): THE HOSPITAL SERVICE AREA OF MPMC AND MPSC IS DEFINED AS SAN

MATEO COUNTY (SMC). THERE ARE FIVE HOSPITALS IN SAN MATEO COUNTY.

SPREADING OVER 744 SQ. MILES, SAN MATEO COUNTY IS LOCATED ON THE SAN FRANCISCO PENINSULA. IT CONTAINS 20 CITIES AND TOWNS, AND IS BORDERED BY THE CITY OF SAN FRANCISCO ON THE NORTH, SAN FRANCISCO BAY ON THE EAST, SANTA CLARA COUNTY OF THE SOUTH, AND THE PACIFIC OCEAN ON THE WEST. SMC IS A MIX OF URBAN AND SUBURBAN INDUSTRIAL, SMALL BUSINESS, AND RESIDENTIAL USE. THE COASTAL AREA IS RENOWNED FOR ITS SIGNIFICANT AGRICULTURAL, FISHING, SMALL BUSINESS AND TOURISM.

ACCORDING TO THE US CENSUS THE ESTIMATED POPULATION IN 2014 WAS 744,581. THE COUNTY'S POPULATION IS AGING AND THE TREND IS EXPECTED TO INCREASE OVER THE NEXT DECADES. LESS THAN ONE QUARTER (24%) OF THE RESIDENTS ARE UNDER THE AGE OF 20, WHILE 35% ARE BETWEEN THE AGES OF 20 AND 44, AND THE REST (41%) OF THE RESIDENTS ARE OVER THE AGE OF 44. THOSE AGED 60 AND OLDER WILL INCREASE FROM 20.0% (IN 2014) TO 30.9%. BY 2050, THE ASIAN/PACIFIC ISLANDER AND HISPANIC SENIORS WILL COMPRISE THE LARGEST

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PROPORTION OF SENIORS.

SMC IS ALSO BECOMING INCREASINGLY DIVERSE. THE US CENSUS ESTIMATES THAT BY 2050, THE WHITE POPULATION WILL DROP FROM 43% TO 22%, THE LATINO POPULATION WILL INCREASE FROM 26% TO 38%, THE ASIAN/PACIFIC ISLANDERS WILL INCREASE FROM 26% TO 32% AND THE AFRICAN-AMERICAN POPULATION WILL EXPERIENCE A SLIGHT INCREASE FROM 3% TO 4%. CURRENTLY, THE CHILD POPULATION IS MORE DIVERSE THAN THE ADULT POPULATION.

ONE IN TEN CHILDREN AGED 18 AND YOUNGER LIVE BELOW THE FEDERAL POVERTY LEVEL (FPL) AND 8% OF ALL SMC INDIVIDUALS LIVE BELOW FPL. ACCORDING TO THE 2014 FAMILY SELF-SUFFICIENCY STANDARD (FSSS), A SINGLE PARENT WITH TWO CHILDREN LIVING IN SMC MUST EARN APPROXIMATELY \$97,200 ANNUALLY TO MEET THE FAMILY'S BASIC NEEDS - THE EQUIVALENT OF FIVE FULL-TIME MINIMUM-WAGE JOBS IN SMC.

BETWEEN 2013 AND 2014, THERE WAS A 12% DROP IN THE NUMBER OF UNINSURED CALIFORNIANS AGED 18-64 YEARS OLD ACCORDING TO DATA CITED BY THE

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CALIFORNIA HEALTHCARE FOUNDATION. THE SAN MATEO COUNTY HEALTH SYSTEM REPORTED THAT AS OF MARCH 2016 (BASED ON 2014 CENSUS DATA) AN ESTIMATED 62,000 COUNTY RESIDENTS HAD ENROLLED IN HEALTH INSURANCE COVERAGE, MADE POSSIBLE BY ACA. HOWEVER, AN ESTIMATE OF 50,000 ADULTS REMAIN UNINSURED IN SMC, APPROXIMATING AN UNINSURED RATE OF 7%. SMC NO LONGER INSURES UNDOCUMENTED IMMIGRANTS BECAUSE THEY ARE ELIGIBLE FOR COVERED CA AND WITHOUT SMC'S SUBSIDY THE CARE OFFERED THROUGH COVERED CA IS UNAFFORDABLE FOR MOST UNDOCUMENTED IMMIGRANTS.

ACCORDING TO THE 2013 HEALTH & QUALITY OF LIFE SURVEY COMMISSIONED BY THE HCC, THE PERCENTAGE OF ADULTS LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL IS INCREASING, FROM 13% IN 2001 TO 19% IN 2013. POVERTY IS MORE PREVALENT AMONG ADULTS WHO ARE LESS EDUCATED (THOSE WITH A HIGH SCHOOL DIPLOMA OR LESS), AND WHO ARE LATINO, AFRICAN AMERICAN, YOUNGER (AGED 18-39), AND WHO LIVE IN SOUTH COUNTY.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE MILLS PENINSULA MEDICAL CENTER'S CHNA AT

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SUTTER MATERNITY & SURGERY SANTA CRUZ (REPORTING GROUP B) :

BASED ON ANALYSIS OF PATIENT DISCHARGE DATA, SMSC'S SERVICE AREA IS CONSIDERED TO BE SANTA CRUZ COUNTY. SANTA CRUZ COUNTY SITS SOUTH OF SAN MATEO COUNTY, WEST OF SANTA CLARA COUNTY, AND NORTH OF MONTEREY COUNTY AND WAS HOME TO APPROXIMATELY 271,804 AND COVERS 445 SQUARE MILES. THERE ARE TWO HOSPITALS IN SANTA CRUZ COUNTY.

THE TWO MAJOR CITIES ARE SANTA CRUZ, LOCATED ON THE NORTHERN SIDE OF THE MONTEREY BAY, AND WATSONVILLE, SITUATED IN THE SOUTHERN PART OF THE COUNTY. THE CITY OF SANTA CRUZ, WHICH IS THE COUNTY SEAT, HAD AN ESTIMATED POPULATION OF 63,789 AS OF JANUARY 2015. AS OF JANUARY 2015, THE CITY OF WATSONVILLE HAD AN ESTIMATED POPULATION OF 52,087.

THE COUNTY IS 58% WHITE AND 33% LATINO WITH THE REMAINDER OF THE POPULATION COMPRISED OF ASIAN, AFRICAN AMERICAN AND OTHER ETHNIC

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BACKGROUNDS. THE COUNTY HAS A RELATIVELY MATURE POPULATION WITH 52% OF THE RESIDENTS' AGES 35 OR OLDER. MEDIAN FAMILY INCOME WAS \$80,788 IN SANTA CRUZ COUNTY IN 2014, HIGHER THAN IN CALIFORNIA (\$71,015) AND THE NATION OVERALL (\$65,910). THE UNEMPLOYMENT RATE WAS 8.7% FOR THE COUNTY DURING 2014, HIGHER THAN THE STATE OVERALL (7.5%). THE CITY OF WATSONVILLE HAD THE HIGHEST UNEMPLOYMENT RATE AT 11.2% FOR 2014.

THE COUNTY OF SANTA CRUZ REPORTED IN 2014 THAT THE FOLLOWING PERCENTAGES BY AGE GROUP LIVED BELOW THE POVERTY LEVEL: 21% UNDER 18 YEARS OF AGE, 17.4% 18 TO 64 YEARS AND 7.4% 65 YEARS AND OVER.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MATERNITY & SURGERY CENTER'S CHNA AT [HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
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EDEN MEDICAL CENTER:

EDEN MEDICAL CENTER IS LOCATED IN CASTRO VALLEY, CALIFORNIA, A COMMUNITY

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LOCATED IN ALAMEDA COUNTY. CASTRO VALLEY IS THE LARGEST UNINCORPORATED COMMUNITY IN ALAMEDA COUNTY, AND THE FIFTH LARGEST IN CALIFORNIA. THE LARGER COMMUNITY SERVED BY SUTTER MEDICAL CENTER, CASTRO VALLEY WAS DEFINED USING ZIP CODE BOUNDARIES. THE HOSPITAL SERVICE AREA (HSA) INCLUDED A GEOGRAPHIC AREA COMPRISED OF 10 ZIP CODES, WITH THE MAJORITY OF PATIENTS SERVED BY EDEN MEDICAL CENTER RESIDING WITHIN THESE ZIP CODES. THE MAJOR CITIES IN THE HSA INCLUDE ASHLAND, BROOKSHIRE, CHERRYLAND, FAIRVIEW, HAYWARD, RUSSELL CITY AND SAN LEANDRO. THERE ARE 25 HOSPITALS SERVING THE ALAMEDA AND CASTRO VALLEY SERVICE AREAS.

THE HSA IS HOME TO OVER 370,000 RESIDENTS. MEDIAN AGE VARIED FROM A LOW OF 32.8 YEARS FOR ZIP CODE 94544 (S. HAYWARD) TO A HIGH OF 43.6 FOR ZIP CODE 94552 (CASTRO VALLEY). MEDIAN INCOME RANGED FROM \$56,656 FOR ZIP CODE 94541 (N. HAYWARD/CHERRYLAND) TO \$138,447 FOR 94552 (CASTRO VALLEY). FURTHER, THE MAJORITY OF RESIDENTS IN ALL ZIP CODES BUT ONE - 94546 - WERE NON-WHITE OR HISPANIC.

DATA WERE ANALYZED TO IDENTIFY COMMUNITIES OF CONCERN WITHIN THE HSA.

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THESE ARE DEFINED GEOGRAPHIC AREAS (ZIP CODES) AND POPULATIONS WITHIN THE HSA THAT HAVE THE GREATEST CONCENTRATION OF POOR HEALTH OUTCOMES AND ARE HOME TO MORE MEDICALLY UNDERSERVED, LOW INCOME AND DIVERSE POPULATIONS AT GREATER RISK FOR POORER HEALTH. COMMUNITIES OF CONCERN WERE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BECAUSE, AFTER ASSESSING THE HSA MORE BROADLY, THEY ALLOWED FOR A FOCUS ON THOSE PORTIONS OF THE HSA LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES.

IN ALAMEDA COUNTY 12.5% OF RESIDENTS LIVE BELOW THE POVERTY LINE WITH 10.5% RECEIVING PUBLIC ASSISTANCE AND 10.3% UNEMPLOYED.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE EDEN MEDICAL CENTER CHNA AT:
[HTTP://WWW.EDENMEDICALCENTER.ORG/PHILANTHROPY/PHILANTHROPY-COMMUNITY-NEED.](http://www.edenmedicalcenter.org/philanthropy/philanthropy-community-need.html)
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SUTTER SANTA ROSA REGIONAL HOSPITAL:

SUTTER SANTA ROSA REGIONAL HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS

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SONOMA COUNTY. THERE ARE THREE HOSPITALS SERVING SONOMA COUNTY.

DEMOGRAPHIC OVERVIEW: SONOMA COUNTY IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQUARE MILES. THE COUNTY'S TOTAL POPULATION IS CURRENTLY ESTIMATED AT 487,469. THE MEDIAN AGE FOR SONOMA COUNTY IS 40.2 YEARS. THE POPULATION IS 80% WHITE, 25.2% HISPANIC, 4% ASIAN AND 1.6% BLACK.

IN SONOMA COUNTY 29.3% OF RESIDENTS ARE LIVING 200% BELOW THE FEDERAL POVERTY LINE WITH 12.8% OF CHILDREN LIVING 100% BELOW THE POVERTY LINE.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE HOSPITAL CHNA AT [HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN](https://www.sutterhealth.org/for-patients/community-health-needs-assessment)
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NOVATO COMMUNITY HOSPITAL:

THE NOVATO COMMUNITY HOSPITAL SERVICE AREA COMPRISES MARIN COUNTY

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UNINCORPORATED AREAS AND CITIES INCLUDING BELVEDERE, CORTE MADERA, FAIRFAX, LARKSPUR, MILL VALLEY, NOVATO, ROSS, SAN ANSELMO, SAN RAFAEL, SAUSALITO, AND TIBURON, AND THE COASTAL TOWNS OF STINSON BEACH, BOLINAS, POINT REYES, INVERNESS, MARSHALL, AND TOMALES. THERE ARE THREE ACUTE CARE HOSPITALS IN MARIN COUNTY.

NOVATO COMMUNITY HOSPITAL IS LOCATED IN MARIN COUNTY WITH A TOTAL POPULATION OF 254,643 AND A MEDIAN AGE OF 44.8 YEARS OLD. POPULATION BREAKDOWN IS AS FOLLOWS; 79.4% WHITE, 15.5% HISPANIC, 5.6% ASIAN, 2.9% BLACK AND 7.9% OTHER. THE MEDIAN HOUSEHOLD INCOME IS \$90,839 AND THE CURRENT UNEMPLOYMENT RATE IS 4.2%. 19.4% OF THE POPULATION OF MARIN IS CURRENTLY LIVING 200% BELOW THE FEDERAL POVERTY LINE AND 17.8% OF CHILDREN LIVE IN POVERTY (200% BELOW THE FEDERAL POVERTY LINE).

MARIN COUNTY IS A HEALTHY AND AFFLUENT COUNTY, ESPECIALLY COMPARED TO CALIFORNIA AS A WHOLE. HOWEVER, MARIN IS ALSO AN AGING COUNTY WITH SUBSTANTIAL DISPARITIES IN SOCIOECONOMIC STATUS. THESE ISSUES PRESENT CHALLENGES FOR THE HEALTH OF MARIN COUNTY RESIDENTS.

Part VI Supplemental Information

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THE NOVATO COMMUNITY HOSPITAL'S CHNA AT

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SUTTER LAKESIDE HOSPITALS:

SUTTER LAKESIDE HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS LAKE COUNTY. THERE ARE TWO HOSPITALS SERVING THE COMMUNITY. THERE ARE TWO HOSPITALS SERVING THE COMMUNITY.

LAKE COUNTY IS LOCATED IN NORTHERN CALIFORNIA JUST TWO HOURS BY CAR FROM THE SAN FRANCISCO BAY AREA, THE SACRAMENTO VALLEY, OR THE PACIFIC COAST. THE COUNTY'S ECONOMY IS BASED LARGELY ON TOURISM AND RECREATION, DUE TO THE ACCESSIBILITY AND POPULARITY OF ITS SEVERAL LAKES AND ACCOMPANYING RECREATIONAL AREAS. IT IS PREDOMINANTLY RURAL, ABOUT 100 MILES LONG BY ABOUT 50 MILES WIDE, AND INCLUDES THE LARGEST NATURAL LAKE ENTIRELY WITHIN CALIFORNIA BORDERS. LAKE COUNTY IS MOSTLY AGRICULTURAL, WITH

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TOURIST FACILITIES AND SOME LIGHT INDUSTRY. MAJOR CROPS INCLUDE PEARS, WALNUTS AND, INCREASINGLY, WINE GRAPES. DOTTED WITH VINEYARDS AND WINERIES, ORCHARDS AND FARM STANDS, AND SMALL TOWNS, THE COUNTY IS HOME TO CLEAR LAKE, CALIFORNIA'S LARGEST NATURAL FRESHWATER LAKE, KNOWN AS "THE BASS CAPITAL OF THE WEST," AND MT. KONOCTI, WHICH TOWERS OVER CLEAR LAKE.

WITHIN LAKE COUNTY THERE ARE TWO INCORPORATED CITIES, THE COUNTY SEAT OF 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, LOWER LAKE, LUCERNE, NICE, MIDDLETOWN, SPRING VALLEY, ANDERSON SPRINGS, UPPER LAKE, AND WITTER SPRINGS.

DEMOGRAPHICS

THE NUMBER OF LAKE COUNTY RESIDENTS (64,744) HAS CHANGED LITTLE IN THE LAST DECADE, THOUGH VARIOUS TRENDS AMONG AGE AND RACIAL/ETHNIC GROUPS HAVE IMPLICATIONS FOR DELIVERING HEALTH-RELATED SERVICES.

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APPROXIMATELY 30% OF ALL LAKE COUNTY RESIDENTS LIVE IN THE CITIES OF CLEARLAKE AND LAKEPORT WHILE THE REMAINDER LIVES IN THE BALANCE OF THE COUNTY, WHICH IS UNINCORPORATED.

ALMOST ONE IN FIVE RESIDENTS IS AGE 65 AND ABOVE--ABOUT TWICE THE PROPORTION OF OLDER RESIDENTS THAN IN CALIFORNIA AS A WHOLE. ALTHOUGH SMALL IN ABSOLUTE NUMBERS, THE PROPORTION OF PEOPLE AGE 75-84 IS PROJECTED TO DOUBLE AND FOR PEOPLE 85 AND OVER TO ALMOST TRIPLE IN THE COMING DECADES.

ABOUT HALF (47.5%) OF LAKE COUNTY RESIDENTS AGE 16 AND OLDER WHO WORK SPEND LESS THAN 20 MINUTES TRAVELING TO WORK; 37% SPEND A HALF-HOUR OR MORE DRIVING TO WORK. MOST COMMUTE BY DRIVING ALONE IN A CAR, TRUCK OR VAN. THREE-QUARTERS WORK WITHIN THE COUNTY.

OF THE COUNTY'S 15,441 MEDICARE BENEFICIARIES, 1,129 (7.3%) ARE "ELECTRICITY-DEPENDENT." SEVERE WEATHER AND DISASTERS THAT CAUSE POWER OUTAGES CAN BE LIFE THREATENING FOR INDIVIDUALS WHO RELY UPON

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ELECTRICITY-DEPENDENT MEDICAL AND ASSISTIVE EQUIPMENT.

SOCIOECONOMIC FACTORS

POVERTY RATES INCREASED SLIGHTLY IN LAKE COUNTY FROM 2013: 23.3% VS.

21.0% PRIOR.

THE SELF-SUFFICIENCY STANDARD IN 2014, \$59,800, WAS LOWER THAN THE CALIFORNIA STANDARD, BUT 28.6% OF THE COUNTY'S HOUSEHOLDS EARNED EVEN LESS; NEVERTHELESS, 28.6% WAS A LOWER PROPORTION THAN IN THE PRIOR CHNA AT 39.7%.

ALMOST TWICE AS MANY (40.6%) OLDER COUPLES IN THE LAKE/MENDOCINO REGION LIVE BETWEEN THE POVERTY LEVEL AND THE ELDER ECONOMIC SECURITY STANDARD INDEX THAN STATEWIDE (20.7%).

IN MARCH 2016, LAKE COUNTY'S CIVILIAN UNEMPLOYMENT RATE WAS 7.2% (DOWN FROM 11.9% IN MARCH 2013) COMPARED TO 5.6% STATEWIDE. THE RATE RANGED WITHIN THE COUNTY FROM 1.8% IN NICE TO 14.0% IN LOWER LAKE.

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46.1% OF THE POPULATION WAS REPORTED TO BE "FOOD INSECURE" IN 2014, SLIGHTLY HIGHER THAN IN THE LAST CHNA; 73% (UP FROM 61%) OF STUDENTS IN THE COUNTY WERE RECEIVING FREE-REDUCED PRICE LUNCH. MORE PEOPLE IN LAKE COUNTY, 85.4%, COMPARED TO CALIFORNIA AT 81.3%, HAVE COMPLETED HIGH SCHOOL OR HIGHER.

THE 2013-14 DROPOUT RATE FOR STUDENTS ENROLLED IN GRADES 9-12 REMAINED THE SAME AS IT WAS IN THE LAST CHNA, 13.5%. IN 2014, 86.6% OF LAKE COUNTY CHILDREN AGES 0-17 WERE COVERED BY SOME FORM OF HEALTH INSURANCE SOMEWHAT LOWER THAN 94.6% STATEWIDE.

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND 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:

- BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS;
- SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM; AND
- PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE

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COMMUNITY MEMBERS.

CALIFORNIA PACIFIC MEDICAL CENTER (CPMC):

THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS 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:

CPMC'S AFRICAN AMERICAN BREAST HEALTH PROJECT AND SISTER TO SISTER PROGRAMS OFFER WOMEN MAMMOGRAPHY SCREENING AND ALL THE SUBSEQUENT BREAST HEALTH DIAGNOSTIC TESTING AND TREATMENT THEY MAY NEED AT NO COST. PARTNERING ORGANIZATIONS SUCH AS HEALTHRIGHT 360, SAN FRANCISCO FREE CLINIC, CLINIC BY THE BAY, AND THE SAN FRANCISCO CHAPTER OF THE NATIONAL COALITION OF 100 BLACK WOMEN REFER UNINSURED, UNDERINSURED, DISADVANTAGED AND AT-RISK WOMEN FOR MAMMOGRAPHY SERVICES. IN 2016, THE PROGRAM PROVIDED 405 PATIENT VISITS AND 401 MAMMOGRAMS AND OTHER DIAGNOSTIC SCREENINGS.

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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 HEALTH CENTER, AND LATINA BREAST CANCER AGENCY. INCLUDED IN THE METRICS BELOW ARE SERVICES PROVIDED THROUGH CPMC'S GRANT TO LATINA BREAST CANCER AGENCY, ONE OF THE PRINCIPLE ORGANIZATIONS REFERRING WOMEN TO THE ST. LUKE'S BREAST CENTER FOR SERVICES, AS WELL AS A GRANT TO SHANTI PROJECT FOR CARE NAVIGATION SERVICES. IN 2016, 486 PATIENTS RECEIVED NAVIGATION SERVICES.

THE CENTER FOR YOUTH WELLNESS IS AN INTEGRATED CENTER FOR CHILDREN, OFFERING PEDIATRIC CARE THAT ADDRESSES THE ROOT CAUSES OF POOR OUTCOMES FOR CHILDREN AND YOUTH IN HIGH-RISK COMMUNITIES. IN 2016, THERE WERE 1,690 ENCOUNTERS INCLUDING 121 CLIENTS CONNECTED TO MENTAL HEALTH SERVICES AND 196 CLIENTS RECEIVED CASE MANAGEMENT.

THE COMMUNITY HEALTH RESOURCE CENTER (CHRC) COLLABORATES WITH OVER 20 DIFFERENT HEALTH CARE CENTERS IN SAN FRANCISCO, PROVIDING SUPPORTIVE

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SERVICES TO THOUSANDS OF CLIENTS THROUGH THE MANY FREE OR LOW-COST PROGRAMS, SCREENINGS AND COUNSELING SERVICES THAT ARE AVAILABLE TO ANYONE IN THE COMMUNITY. PROGRAMS INCLUDE DIETITIANS, SOCIAL WORK COUNSELING, NUTRITION GUIDANCE, COMMUNITY HEALTH SCREENINGS, EDUCATIONAL LECTURES INCLUDING MONTHLY WELLNESS EVENTS, HEALTH INFORMATION AND LOCAL RESOURCES, EMPLOYEE AND GROUP WELLNESS PRESENTATIONS, AND SUPPORT GROUPS. IN 2016, CHRC PRESENTED 12 CLASSES ON NUTRITION/EXERCISE WITH 1,037 ATTENDEES, CONDUCTED 2,051 HEALTH SCREENINGS AND SECURED 3,104 APPOINTMENTS FOR BEHAVIORAL HEALTH/SOCIAL SERVICES.

CPMC GRANTS AND SPONSORSHIP PROGRAM IS FOCUSED ON HELPING TO EXPAND THE CITY'S SAFETY NET BY MAKING HEALTH CARE SERVICES MORE READILY AVAILABLE TO PUBLICLY INSURED AND UNINSURED POPULATIONS, AND MAKING THOSE SERVICES CULTURALLY AND LINGUISTICALLY APPROPRIATE. A FEW OF THE GRANTEEES FOCUSED ON ENHANCING ACCESS TO CARE INCLUDE APA FAMILY SUPPORT SERVICES, WHICH PROVIDES FAMILY SUPPORT SERVICES IN SAN FRANCISCO'S CHINATOWN AND TENDERLOIN NEIGHBORHOODS IN ORDER TO PREVENT CHILD ABUSE AND DOMESTIC VIOLENCE. IN 2016, 176 FAMILIES SERVED THROUGH IN-LANGUAGE PARENTING

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CLASSES, SUPPORT GROUPS, AND IN-HOME SUPPORT RESOURCES; 38 OF THESE FAMILIES HAD NEWLY IMMIGRANT, NON-ENGLISH-SPEAKING PARENTS WHO RECEIVED LINGUISTICALLY APPROPRIATE COUNSELING TO ADDRESS POSTPARTUM DEPRESSION AND STRESS RELATED TO BEING IN THE U.S. LESS THAN A YEAR WITH A NEWBORN. ASIAN AND PACIFIC ISLANDER WELLNESS CENTER: PROVIDES PRIMARY AND PREVENTIVE CARE, EARLY INTERVENTION, AND BEHAVIORAL HEALTH SERVICES IN THE TENDERLOIN, WITH PARTICULAR ATTENTION TO THE NEEDS OF LGBTQ AND ASIAN & PACIFIC ISLANDER COMMUNITIES. IN 2016, 476 PERSONS SERVED, 850 HEALTH SCREENINGS PROVIDED AND 106 PERSONS CONNECTED TO MENTAL HEALTH.

A SAMPLING OF GRANTEEES FOCUSED ON INCREASING ACCESS TO MENTAL HEALTH AND HEALTHY CHILD DEVELOPMENT INCLUDE: CONARD HOUSE: PROVIDES SAFE, AFFORDABLE HOUSING IN THE TENDERLOIN AND SOUTH OF MARKET WITH ON-SITE MENTAL HEALTH AND HUMAN SERVICES FOR THOSE WITH CHRONIC MENTAL ILLNESS. CPMC GRANT IS FOR HEALTH NAVIGATORS WHO PROVIDE RESIDENTS WITH MEDICAL APPOINTMENT SUPPORT. IN 2016, 31 PERSONS WERE CONNECTED TO A PRIMARY CARE PROVIDER, MENTAL HEALTH SERVICES AND SOCIAL SERVICES. MAITRI: PROVIDES RESIDENTIAL CARE TO PEOPLE LIVING WITH AIDS WHO ARE IN NEED OF HOSPICE OR

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24-HOUR CARE. MANY MAITRI CLIENTS HAVE A HISTORY OF HOMELESSNESS,
SUBSTANCE ABUSE, PSYCHIATRIC DISABILITY, AND/OR MILD TO MODERATE
DEMENTIA. IN 2016, 52 PERSONS WERE SERVED.

A SAMPLING OF GRANTEEES FOCUSED ON HEALTHY EATING AND PHYSICAL EXERCISE
INCLUDE: PORTOLA FAMILY CONNECTIONS: PROVIDES COMMUNITY AND FAMILY
PROGRAMS IN THE PORTOLA AND EXCELSIOR NEIGHBORHOODS. CPMC GRANT SUPPORTS
THE HEALTHY CONNECTIONS INITIATIVE OFFERING NUTRITION EDUCATION, EXERCISE
OPPORTUNITIES, HEALTH SCREENINGS, AND OTHER SUPPORT. IN 2016, 673 PERSONS
WERE SERVED AND 54 WORKSHOPS AND EXERCISE CLASSES WERE PRESENTED. WILLIAM
MCKINLEY ELEMENTARY SCHOOL: CPMC GRANT FOR MCKINLEY NOON HOUR WELLNESS
PROGRAM DURING LUNCHTIME RECESS, FOCUSING ON FITNESS ACTIVITIES,
COOPERATIVE SKILLS DURING PLAY, TEAM BUILDING, AND HEALTHY NUTRITION. IN
2016, 360 CHILDREN PARTICIPATED IN MODERATE TO VIGOROUS PHYSICAL ACTIVITY
DURING THEIR LUNCH TIME RECESS FIVE DAYS A WEEK AND WERE INTRODUCED TO
HEALTHY NUTRITION AND FITNESS CONCEPTS.

HEALTHFIRST, A CENTER FOR HEALTH EDUCATION AND DISEASE PREVENTION

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AFFILIATED WITH ST. LUKE'S HEALTH CARE CENTER, SERVES PATIENTS IN CHRONIC DISEASE MANAGEMENT BY INTEGRATING COMMUNITY HEALTH WORKERS (CHWS) INTO THE MULTIDISCIPLINARY HEALTH CARE TEAM. IN 2016, 100% OF ASTHMA PATIENTS HAD UP-TO-DATE ASTHMA ACTIONS PLANS, WHICH ARE UPDATED AT LEAST ANNUALLY. 75% OF PATIENTS HAD THEIR A1C LEVEL CONTROLLED (<9%).

IN COMPLIANCE WITH ITS DEVELOPMENT AGREEMENT WITH THE CITY AND COUNTY OF SAN FRANCISCO, CPMC MADE CONTRIBUTIONS FOR THE FOLLOWING MANDATED CATEGORIES, TOTALING \$14 MILLION IN 2016:

- AFFORDABLE HOUSING: \$8,100,000
- TRANSIT: \$2,500,000
- TENDERLOIN SIDEWALK WIDENING AND PEDESTRIAN LIGHTING IMPROVEMENTS: \$100,000
- TRANSIT AND SAFETY IMPROVEMENTS IN NEIGHBORHOODS AROUND THE VAN NESS/GEARY CAMPUS SITE: \$575,000
- ENVIRONMENT AND TRAFFIC SAFETY MEASURES AROUND PACIFIC & CALIFORNIA CAMPUSES: \$1,000,000
- HEALTHCARE INNOVATION FUND: \$1,725,000

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JOINT VENTURE HEALTH (JVH) IS A PARTNERSHIP BETWEEN UC BERKELEY SCHOOL OF PUBLIC HEALTH, NORTH EAST MEDICAL SERVICES (NEMS), AND CPMC. CPMC'S CONTRIBUTION SUPPORTS THE CREATION OF A COST-EFFECTIVE, COMPREHENSIVE DEVELOPMENTAL AND BEHAVIORAL HEALTH SCREENING, TREATMENT AND REFERRAL PROGRAM FOR THE 10,000 CHILDREN AND THEIR FAMILIES WHO HAVE NEMS AS THEIR MEDICAL HOME. IN 2016, SERVICES WERE EXPANDED TO CHILDREN UP TO AGE 18 (PREVIOUSLY UP TO AGE 11). OF THE CHILDREN SCREENED, 19% WERE AT MODERATE TO HIGH RISK FOR DEVELOPMENTAL DELAYS AND PSYCHOSOCIAL ISSUES. ALL WERE CONNECTED TO APPROPRIATE RESOURCES AND EARLY INTERVENTION.

CPMC'S KALMANOVITZ CHILD DEVELOPMENT CENTER PROVIDES DIAGNOSIS, EVALUATION, TREATMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAUSED BY PREMATURITY, AUTISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDROME, ATTENTION DEFICIT DISORDER, OR CEREBRAL PALSY. BESIDES OPERATING ITS OWN CLINICS, KCDC ALSO EXTENDS ITS SERVICES TO A LARGE NUMBER OF AT-RISK CHILDREN AND BRINGS SERVICES TO THEM IN THEIR COMMUNITY BY PARTNERING WITH LOCAL

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SCHOOLS AND OTHER COMMUNITY ORGANIZATIONS. IN 2016, 15,783 CLINIC VISITS WERE PROVIDED.

LIONS EYE FOUNDATION AND CPMC PARTNER TOGETHER TO PROVIDE HIGHLY SPECIALIZED EYE CARE PROCEDURES FREE OF CHARGE TO PEOPLE WITHOUT INSURANCE OR FINANCIAL RESOURCES. IN 2016, 1,309 DIAGNOSTIC TESTS WERE PERFORMED, 206 PATIENTS UNDER WENT GENERAL SURGICAL PROCEDURES AND 76 HAD LASER SURGERY.

A KEY PART OF CPMC'S MEDI-CAL PROGRAM IS THE MEDI-CAL MANAGED CARE PARTNERSHIP WITH NORTH EAST MEDICAL SERVICES (NEMS) COMMUNITY CLINIC AND SAN FRANCISCO HEALTH PLAN (SFHP), A LICENSED COMMUNITY HEALTH PLAN THAT PROVIDES AFFORDABLE HEALTH CARE COVERAGE TO OVER 130,000 LOW- AND MODERATE-INCOME SAN FRANCISCO RESIDENTS. WORKING TOGETHER WITH NEMS, CPMC SERVES AS THE HOSPITAL PARTNER FOR THESE MEDI-CAL BENEFICIARIES WHO SELECT NEMS AS THEIR MEDICAL GROUP THROUGH SAN FRANCISCO HEALTH PLAN, PROVIDING THEM WITH INPATIENT SERVICES, HOSPITAL-BASED SPECIALTY AND ANCILLARY SERVICES, AND EMERGENCY CARE. CPMC ALSO PROVIDES ACCESS TO

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QUALITY SERVICES AT THE ST. LUKE'S CAMPUS FOR PATIENTS WHO SELECT HILL PHYSICIANS OR BROWN & TOLAND AS THEIR MEDICAL GROUP THROUGH SAN FRANCISCO HEALTH PLAN. IN 2016, CPMC SERVED ONE-THIRD OF SFHP'S TOTAL MEMBERSHIP, WHO OTHERWISE MAY HAVE FACED DIFFICULTIES IN ACCESSING A COMPREHENSIVE, COORDINATED CARE NETWORK.

CPMC PARTNERS WITH OPERATION ACCESS AND THE SAN FRANCISCO ENDOSCOPY CENTER TO PROVIDE ACCESS TO DIAGNOSTIC SCREENINGS, SPECIALTY PROCEDURES, AND SURGICAL CARE AT NO COST FOR UNINSURED BAY AREA PATIENTS WHO HAVE LIMITED FINANCIAL RESOURCES. CPMC PHYSICIANS VOLUNTEER THEIR TIME TO PROVIDE THESE FREE SURGICAL SERVICES, WHILE THE HOSPITAL DONATES THE USE OF ITS OPERATING ROOMS. CPMC ALSO PROVIDES A GRANT TO SUPPORT OPERATION ACCESS'S OPERATING COSTS. IN 2016, CPMC PROVIDED 70 OR PROCEDURES, 48 GI PROCEDURES, 69 RADIOLOGY PROCEDURES AND 30 SPECIALIST EVALUATIONS. PATIENT SURVEYS SHOWED: 98% VERY SATISFIED OR SATISFIED WITH THEIR EXPERIENCE; 93% REPORTED IMPROVED HEALTH, ABILITY TO WORK AND QUALITY OF LIFE AS PART OF CPMC'S HEALTH PROFESSIONS EDUCATION PROGRAM, CPMC PSYCHIATRY RESIDENTS PROVIDE SERVICES ONE DAY PER WEEK TO PATIENTS IN

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NEED OF BEHAVIORAL HEALTH SERVICES AT COMMUNITY-BASED ORGANIZATIONS AND PUBLIC INSTITUTIONS, INCLUDING HEALTHRIGHT 360, JEWISH HOME, AND SAN QUENTIN PRISON. IN 2016, PSYCH RESIDENTS PROVIDED FREE SERVICES AS FOLLOWS, 400 PATIENT ENCOUNTERS AT SF FREE CLINIC, 100 PATIENT ENCOUNTERS AT HEALTHRIGHT 360 AND 400 PATIENT ENCOUNTERS THROUGH TELEPSYCHIATRY FOR SAN QUENTIN PRISON. IN 2016, 80% OF FAMILIES WHO RECEIVED SERVICES FOR SIX MONTHS OR LONGER DEMONSTRATED IMPROVED PROTECTIVE FACTORS SHOWN TO DECREASE ABUSE.

SAN FRANCISCO CHILD ABUSE PREVENTION CENTER AND ITS CHILD ADVOCACY CENTER ENDEAVOR TO PREVENT CHILD ABUSE AND REDUCE ITS DEVASTATING IMPACT BY PROVIDING SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES; EDUCATION FOR CHILDREN, CAREGIVERS AND SERVICE PROVIDERS; AND THROUGH ADVOCACY FOR SYSTEMS IMPROVEMENT AND COORDINATION.

IN A PARTNERSHIP WITH ZUCKERBERG SFGH, CPMC PROVIDES DIAGNOSTIC SERVICES FREE OF CHARGE TO PATIENTS REFERRED BY SFGH, AND PAYS PHYSICIANS FOR ASSOCIATED PROFESSIONAL FEES. IN 2016, SFGH ECHOCARDIOGRAM WAIT TIMES

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WENT FROM 48 DAYS TO LESS THAN 30 DAYS AND SFGH PULMONARY FUNCTION TEST
 WAIT TIMES WENT FROM 140 DAYS TO LESS THAN 50. CPMC'S 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 CLINIC; AND PRIMARY, ACUTE AND CHRONIC CARE AT ITS ADULT
 INTERNAL MEDICINE CLINIC FOR TEENAGERS AND ADULTS. SLHCC'S CLINICIANS AND
 STAFF ARE BILINGUAL IN ENGLISH AND SPANISH, ENSURING CULTURALLY AND
 LINGUISTICALLY COMPETENT CARE. IN 2016, SLHCC PROVIDED 39,458 PATIENT
 VISITS.

SOUTH OF MARKET BAYVIEW CHILD HEALTH CENTER (BCHC) OFFERS ROUTINE
 PREVENTATIVE 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. BCHC FOCUSES
 ON KEEPING INFANTS, CHILDREN AND ADOLESCENTS HEALTHY, AND ON CLOSELY
 MANAGING THEIR CARE WHEN THEY ARE ILL. IN 2016 THE CENTER PROVIDED 1,862
 ENCOUNTERS, CONNECTED 770 PATIENTS TO A PRIMARY CARE PHYSICIAN AND SERVED
 121 PATIENTS WITH MENTAL HEALTH NEEDS.

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MILLS PENINSULA MEDICAL CENTER (REPORTING GROUP B) :

THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR MILLS PENINSULA MEDICAL CENTER DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS 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:

MILLS PENINSULA MEDICAL CENTER PARTNERS WITH SAN MATEO COUNTY TO ESTABLISH AN URGENT CARE SERVICE IN DALY CITY (THE DALY CITY CLINIC). USING A MID-LEVEL PRACTITIONER AS THE PRIMARY CARE PROVIDER, THE TEAM WORKS WITH THE CLINICS' ESTABLISHED PRIMARY CARE TEAMS TO PROVIDE URGENT CARE ACCESS WHEN THE PRIMARY CARE TEAM IS UNABLE TO DO SO EITHER BECAUSE OF FULL SCHEDULES OR ABSENCES. AS THE LARGEST PROVIDER OF PRIMARY CARE SERVICES IN THE DALY CITY AREA, DURING THE PAST YEAR OUR FOCUS HAS BEEN ON PROVIDING A PATIENT CENTERED MEDICAL HOME FOR EVERY PATIENT. WE HAVE DEVELOPED CARE TEAMS THAT WORK TOGETHER TO ENSURE EASY ACCESS FOR THE PATIENTS ASSIGNED TO THEM, AND WE REACH OUT TO EMPANELED PATIENTS TO

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REMIND THEM THAT THEY ARE DUE FOR IMMUNIZATIONS, DIAGNOSTICS, LABS AND FOLLOW-UP APPOINTMENTS. IN 2016, THERE WERE 16,190 CLINIC VISITS WITH 1,185 VISITS TO EXPRESS CARE.

MPMC PARTNERS WITH SAMARITAN HOUSE TO INCREASE ACCESS TO PRIMARY CARE FOR NEW PATIENTS AND INCREASE THE NUMBER OF VISITS FOR EXISTING PATIENTS THROUGH EXPANDING CLINIC PERSONNEL, INCREASE IN PHARMACEUTICALS AND MEDICAL SUPPLIES AND THE EXPANSION OF THE ELECTRONIC SCHEDULING SYSTEM. SAMARITAN HOUSE HAS BEEN SERVING LOW-INCOME INDIVIDUALS AND FAMILIES IN SAN MATEO COUNTY SINCE 1974. IN 2016 THIS PROGRAM SAW 3,176 PATIENT VISITS WITH 246 NEW PATIENTS. THE CLINIC PROVIDED 257 WOMEN WITH SERVICES THROUGH THE BREAST CARE CLINIC, INCLUDING SCREENING MAMMOGRAMS, ULTRASOUNDS, AND OTHER DIAGNOSTIC SERVICES. THERE WERE 286 ADDITIONAL GYNECOLOGY ENCOUNTERS FOR PAP SMEARS AND WELL-WOMEN CARE. THEY PROVIDED CARE AND TREATMENT FOR 170 PATIENTS WITH DIABETES AND OVER 200 EYE EXAMS FOR GLASSES AND DIABETIC RETINOPATHY SCREENING.

MENLO PARK SURGICAL HOSPITAL (REPORTING GROUP B):

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MENLO PARK SURGICAL HOSPITAL PARTNERS WITH RAVENSWOOD FAMILY HEALTH CENTER TO SUPPORT THEIR DENTAL PROGRAM. THE DENTAL PROGRAM PROVIDES A CONTINUUM OF ORAL HEALTH CARE SERVICES--PREVENTIVE, RESTORATIVE, SURGICAL UNDER BOTH SEDATION AND GENERAL ANESTHESIA, EMERGENCY, PERIODONTAL, TO PRENATAL-FOR UNDERSERVED, LOW-INCOME CHILDREN, ADULTS, AND FAMILIES IN SAN MATEO COUNTY. IN CALENDAR YEAR 2016, WE INCREASED ACCESS TO COMPREHENSIVE ORAL HEALTH CARE SERVICES FOR CHILDREN, ADULTS, AND FAMILIES. THIS INCLUDED PREVENTIVE, RESTORATIVE, SURGICAL UNDER BOTH SEDATION AND GENERAL ANESTHESIA, EMERGENCY, PERIODONTAL, AND PRENATAL ORAL HEALTH SERVICES. AS PART OF THIS, WE ALSO PROVIDED ORAL HEALTH CARE SERVICES TO CHILDREN AND ADULTS WITH SPECIAL NEEDS. IN 2016, THE PROGRAM SAW 15,822 DENTAL ENCOUNTERS WITH 2,418 ADULTS AND 3,666 CHILDREN RECEIVING DENTAL CARE. THERE WERE 1,941 PREVENTATIVE AND URGENT CARE DENTAL VISITS AND 274 ORAL SURGERY VISITS.

MENLO PARK SURGICAL HOSPITAL SUPPORTS SENIOR FOCUS ADULT DAY HEALTH/ALZHEIMER'S DAY CARE. INDIVIDUALS ENROLLED IN THE ADULT DAY HEALTH

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AND ALZHEIMER'S DAY CARE RESOURCE CENTER (ADCRC) PROGRAMS ARE BY
 DEFINITION ELIGIBLE FOR INSTITUTIONAL PLACEMENT BECAUSE OF THEIR CHRONIC
 ILLNESSES AND LIMITED ABILITY TO CARE FOR THEMSELVES. THE PROGRAM
 PROVIDES INDIVIDUALIZED HEALTH CARE SERVICES UNDER THE DIRECTION OF THE
 PARTICIPANT'S PRIMARY CARE PROVIDER (PCP). ALL SERVICES ARE PROVIDED BY
 LICENSED HEALTH CARE PROFESSIONALS. THESE INCLUDE NURSING, SOCIAL WORK,
 PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, PSYCHOLOGICAL
 SERVICES AND PERSONAL CARE. SOCIALIZATION, RECREATIONAL ACTIVITIES,
 TRANSPORTATION AND MEALS ARE ALSO PROVIDED.

THESE SERVICES ARE PROVIDED IN COLLABORATION WITH SAN MATEO COUNTY AGING
 AND ADULT SERVICES, SAMTRANS, HEALTH PLAN OF SAN MATEO, THE SAN MATEO
 ADULT SCHOOL AND THE PERSONAL MEDICAL PROVIDERS OF THOSE ENROLLED. SENIOR
 FOCUS ALSO RECEIVES GRANT FUNDING FROM THE MILLS PENINSULA HOSPITAL
 FOUNDATION AND THE PENINSULA HEALTH CARE DISTRICT. MILLS-PENINSULA
 MEDICAL CENTER PROVIDE THE MEALS SERVED, MANY SUPPORT SERVICES, AS WELL
 AS FUNDING THAT SUBSIDIZES GRANTS AND FEES THAT ARE RECEIVED FOR THE
 PROGRAM BY OUTSIDE FUNDERS, INSURERS AND PARTICIPANTS THEMSELVES.

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IN 2016, 13,522 PEOPLE WERE IN ATTENDANCE WITH 169 PARTICIPANTS SERVED.

TREATMENTS ARE PROVIDED THAT HELP TO IMPROVE AND/OR MAINTAIN A LEVEL OF PHYSICAL, EMOTIONAL AND COGNITIVE FUNCTIONING THAT PERMITS THE INDIVIDUAL TO REMAIN LIVING OUTSIDE OF AN INSTITUTIONAL SETTING.

SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ (REPORTING GROUP B):

SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ CONTINUED TO PARTNER WITH SUTTER HEALTH-ALIGNED PALO ALTO MEDICAL FOUNDATION TO EXPAND ITS OWN PRIMARY CARE PHYSICIAN BASE SERVING CENTRAL AND NORTH SANTA CRUZ COUNTY. IN ADDITION, SMSC IS MIDWAY THROUGH A FIVE-YEAR, \$1.5M GRANT TO SANTA CRUZ COMMUNITY HEALTH CENTERS, A LOCAL FEDERALLY QUALIFIED HEALTH CENTER, TO ALLOW THEM TO EXPAND THEIR PRIMARY CARE SERVICES THROUGH PHYSICAL PLANT EXPANSION AND PHYSICIAN RECRUITMENT. SMSC EXPECTS THAT BY THE END OF THE FIVE-YEAR GRANT PERIOD, SANTA CRUZ COMMUNITY HEALTH CENTERS WOULD HAVE EXPANDED THEIR CAPACITY TO PROVIDE ONGOING PRIMARY CARE TO AT LEAST 8,000 ADDITIONAL INDIVIDUALS.

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AS A COLLABORATION BETWEEN THE COUNTY OF SANTA CRUZ HOMELESS PERSONS' HEALTH PROJECT AND NUMEROUS LOCAL HEALTHCARE PROVIDERS AND LOCATED AT THE SANTA CRUZ HOMELESS SERVICES CENTER, THE RECUPERATIVE CARE CENTER IS AN INNOVATIVE MEDICAL RESPITE PROGRAM SERVING VULNERABLE PATIENTS WITHOUT HOUSING. WHEN DISCHARGED FROM INPATIENT STAYS AT LOCAL HOSPITALS, UP TO 12 HOMELESS INDIVIDUALS ARE ABLE TO STAY IN THE CENTER AND CONTINUE TO RECOVER, WHILE RECEIVING INTEGRATED SOCIAL SERVICES INCLUDING HOUSING, MENTAL HEALTH CARE, BENEFITS ENROLLMENT, AND SUBSTANCE ABUSE TREATMENT.

THE HEALTH IMPROVEMENT PARTNERSHIP HAS BROUGHT TOGETHER NUMEROUS COMMUNITY HEALTHCARE PROVIDERS IN SANTA CRUZ COUNTY TO COMBAT THE NATIONAL OPIOID USE EPIDEMIC, PARTNERING TOGETHER TO FORM SAFERX SANTA CRUZ COUNTY. THE GOALS OF SAFERX SANTA CRUZ COUNTY ARE TO DECREASE OPIOID OVERDOSE DEATHS BY 30%, AND TO IMPLEMENT COLLECTIVE ACTIONS THAT DECREASE THE IMPACT OF THE OPIOID OVERUSE EPIDEMIC ON THE COMMUNITY BY SUPPORTING SAFE PRESCRIBING PRACTICES, EXPANDING ACCESS TO MEDICATION-ASSISTED ADDICTION TREATMENT, AND INCREASING NALOXONE ACCESS.

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EDEN MEDICAL CENTER

THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR EDEN MEDICAL CENTER DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS 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 LACK OF ACCESS TO HEALTH RESOURCES IS A PRIORITY HEALTH NEED FOR EDEN MEDICAL CENTER. THE EMERGENCY DEPARTMENT UTILIZATION AND CARE INITIATIVE WILL FUNCTION TO ESTABLISH STRONGER WORKING RELATIONSHIPS WITH TIBURCIO VASQUEZ HEALTH CENTER. THE GOALS OF THE INITIATIVE ARE TO PROVIDE WARM HANDOFFS BETWEEN INDIVIDUALS BEING DISCHARGED FROM SUTTER MEDICAL CENTER CASTRO VALLEY TO THEIR PRIMARY CARE HOME FOR APPROPRIATE FOLLOW UP TO DECREASE NON-URGENT (LEVEL 1 AND LEVEL 2) EMERGENCY DEPARTMENT VISITS, DECREASE READMISSIONS, AND PROVIDE NAVIGATION AND ACCESS TO THOSE WHO ARE UNINSURED AND UNDERINSURED. DURING 2016, THE CARE TRANSITIONS PROGRAM WAS ABLE TO "TOUCH" 1361 PATIENTS AND ATTEMPT TO ENGAGE THEM INTO CARE WITH THEIR IDENTIFIED MEDICAL HOME.

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- 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

MENTAL HEALTH IS A PRIORITY HEALTH NEED FOR EDEN MEDICAL CENTER. DAVIS STREET FAMILY RESOURCE CENTER PROVIDES ACCESS TO MENTAL HEALTH SERVICES TO INDIVIDUALS IN THE VULNERABLE COMMUNITIES OF ASHLAND AND CHERRYLAND. THROUGH THIS PARTNERSHIP, 1,504 PEOPLE RECEIVED SERVICES AND WERE CONNECTED TO MENTAL HEALTH SERVICES IN 2016.

EDEN MEDICAL CENTER DEVELOPED A PRESCRIPTION PROGRAM THAT PROVIDES FUNDING FOR PRESCRIPTION DRUGS FOR UP TO THE FIRST THREE DAYS OF A PATIENT'S DISCHARGE MEDICATION FOR PEOPLE WHO WOULD BE OTHERWISE UNABLE TO PAY FOR THEIR MEDICATIONS. IN 2016, 9 PATIENTS RECEIVED THEIR PRESCRIPTIONS FREE OF CHARGE UNDER THIS PROGRAM.

TRANSPORTATION CAN BE A CHALLENGE FOR THOSE WHO ARE DISCHARGED FROM THE HOSPITAL AND HAVE NO MEANS OF RETURNING HOME. EMC ALLOCATED FUNDING TO SUPPORT THE TAXI VOUCHER PROGRAM, WHICH IN 2016 PROVIDED 494 DISCHARGED PATIENTS WITH VOUCHERS, ALLOWING PATIENTS THE ABILITY TO RETURN HOME SAFELY.

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
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EMC CONTINUES TO SUPPORT PROFESSIONAL EDUCATION TO ENSURE HEALTH CARE WORKERS RECEIVE THE SKILLS, TRAINING AND EXPERIENCE THEY NEED TO BUILD A SUSTAINABLE WORKFORCE AND IMPROVE ACCESS TO HEALTH CARE. WORKING WITH PROFESSIONAL EDUCATION INSTITUTIONS SUCH AS SAMUEL MERRITT NURSING SCHOOL AND Touro University, the preceptorship and internship programs allow students the ability to work alongside staff and gain valuable clinic experience in a multi-disciplinary environment. The impact to the community is immediate as students have a health awareness that directly impacts both their immediate families and surrounding school community. Students educate and inform both their families and younger middle school students (through in-school presentations) by providing community service health presentations on various health related topics that impact their communities. In 2016, 15 students participated in the program with 100% of those that were high school students graduating high school and were accepted to a four year university or two year college.

EMC ENTERED INTO A COLLABORATIVE RELATIONSHIP WITH THE ALAMEDA COUNTY

Part VI Supplemental Information

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PROGRAM. THE PROGRAM PROVIDES BAGS OF FRESH PRODUCE, NUTRITION INFORMATION AND RECIPES TO VULNERABLE MEMBERS AND TO PRENATAL PATIENTS OF LA CLINICA FUENTE WELLNESS CENTER. IN 2016, 1,500 PEOPLE WERE SERVED WITH 120 CLASSES PROVIDED, 50 PEOPLE CONNECTED TO MENTAL HEALTH SERVICES AND AN ADDITIONAL 50 PEOPLE CONNECTED TO SOCIAL SERVICES.

SUTTER SANTA ROSA REGIONAL HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGY 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 COMMUNITY IT SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW:

THE CENTER FOR WELL BEING PROVIDES DIABETES SELF MANAGEMENT EDUCATION TO HELP PEOPLE WITH TYPE II DIABETES LEARN HOW TO CONTROL THEIR DISEASE. IN 2016, 16 CLASSES WERE OFFERED, 127 SIGNED UP AND 53% COMPLETED THE SERIES.

Part VI Supplemental Information

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LARKFIELD COMMUNITY GARDEN OUTDOOR EDUCATION'S GOAL IS TO INCREASE KNOWLEDGE ABOUT HEALTHY EATING THAT RESULTS IN HEALTHIER EATING IN ELEMENTARY AGED CHILDREN. IN THE 2016 SCHOOL YEAR, 16 CLASSES FROM MARK WEST ELEMENTARY SCHOOL PARTICIPATED IN OUTDOOR EDUCATION. IN 2016, THE STUDENTS HELPED TO HARVEST 2500 POUNDS OF PRODUCE THAT WAS DONATED TO THE FOOD BANK.

THE DENTAL HEALTH NETWORK (DHN) IS A CROSS-SECTOR TEAM OF PROFESSIONALS COMMITTED TO IMPROVING THE DENTAL HEALTH OF OUR COMMUNITY WITH AN UPSTREAM APPROACH TARGETING CHILDREN AND FAMILIES. THE DHN HAS 4 SPECIFIC ACTION TEAMS WORKING ON STRATEGIES TO ACHIEVE OBJECTIVES WITHIN THE SCOPE OF WORK OF EACH RESPECTIVE TEAM. IN 2016, THERE WERE 18 PLANNING AND STRATEGY MEETINGS CONDUCTED TO PREPARE A LONG TERM STRATEGIC PLAN TO IMPROVE ACCESS TO DENTAL SERVICES.

THE SUMMER HEALTH CAREERS INSTITUTE IS A PARTNERSHIP BETWEEN SANTA ROSA JUNIOR COLLEGE AND THE LOCAL HEALTH CARE SECTOR TO EXPOSE HIGH SCHOOL

Part VI Supplemental Information

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STUDENTS TO A WIDE SPECTRUM OF HEALTH CAREERS, WITH A FOCUS ON ATTRACTING
LATINO, FIRST GENERATION COLLEGE BOUND STUDENTS. IN 2016, 44 STUDENTS
COMPLETE INTERNSHIPS.

OPERATION ACCESS RECRUITS VOLUNTEER MEDICAL FACILITIES AND PHYSICIANS TO
PROVIDE FREE NON-EMERGENT SURGERIES FOR UNINSURED PATIENTS. IN 2016 IN
SANTA ROSA, 17 SUTTER PHYSICIANS PARTICIPATED TO PROVIDE NEARLY \$850,000
IN CHARITY CARE SERVICES FOR 46 PATIENTS.

PDI SURGERY CENTER PROVIDES SURGICAL INTERVENTION TO CHILDREN WITH SEVERE
DENTAL DISEASE AND PROVIDES EDUCATION AROUND PREVENTION OF RECURRENCE AS
WELL AS COMMUNITY EDUCATION FOR PRIMARY PREVENTION OF DENTAL DISEASE. IN
2016, THE CENTER HAD 2,144 ENCOUNTERS FOR PATIENT EDUCATION, HELD 92
SCREENINGS AND PROVIDED EDUCATION TO OVER 13,000 COMMUNITY MEMBERS.

PN IS A MEDICAL RESPITE SHELTER THAT HAS BEEN IN OPERATION FOR MORE THAN
10 YEARS. IN 2016, THE COUNTY PARTNERED WITH CATHOLIC CHARITIES TO EXPAND
THE PROJECT AND CREATE A 2 YEAR PILOT TO EXPAND CAPACITY AND SERVICES TO

Part VI Supplemental Information

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HOMELESS PATIENTS BEING DISCHARGED FROM LOCAL HOSPITALS. THE PILOT INCLUDES THE PROVISION OF HOME HEALTH SERVICES AND RAPID REHOUSING SERVICES TO HELP THESE PATIENTS GET INTO PERMANENT SUPPORTIVE HOUSING. THIS PILOT IS A PARTNERSHIP BETWEEN CATHOLIC CHARITIES, SUTTER HEALTH, KAISER, ST JOSEPH HEALTH AND THE COUNTY OF SONOMA. IN 2016, 50.01% OF PATIENTS THAT WERE REFERRED WERE ADMITTED TO THE SHELTER.

SANTA ROSA FAMILY MEDICINE RESIDENCY PROGRAM IS A 3 YEAR TRAINING PROGRAM FOR MEDICAL SCHOOL GRADUATES PURSUING A FAMILY MEDICINE SPECIALTY. SUTTER HEALTH HAS BEEN THE FISCAL SUPPORT OF THIS PROGRAM FOR MORE THAN 22 YEARS. DURING THEIR TRAINING, RESIDENTS SEE APPROXIMATELY 28,000 PATIENTS/YR AT A PARTNER FQHC.

SOCIAL ADVOCATES FOR YOUTH (SAY) CAREER READINESS PROGRAM PROVIDES EDUCATIONAL AND CAREER PREP SERVICES TO TRANSITIONED AGE YOUTH AGES 18-25 WHO ARE IN PERMANENT SUPPORTIVE HOUSING. IN 2016, 66 UNDUPLICATED YOUTH HAD SHELTER STAYS. OF THOSE 66, 90% INCREASED THEIR LIFE GOALS AND 46 OBTAINED EMPLOYMENT AS A RESULT OF THE CAREER READINESS PROGRAM.

Part VI Supplemental Information

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SOCIAL ADVOCATES FOR YOUTH DREAM CENTER AND EMERGENCY SHELTER PROVIDES PERMANENT SUPPORTIVE HOUSING FOR YOUTH AGES 18 - 25 WHO ARE HOMELESS OR AT RISK OF BEING HOMELESS. IN 2016, 32 UNDUPLICATED YOUTH HAD PERMANENT SUPPORTIVE HOUSING, 23 OF THE 32 OBTAINED EMPLOYMENT AND 14 ENROLLED IN AN EDUCATION PROGRAM.

NOVATO COMMUNITY HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR NOVATO COMMUNITY HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS 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:

NOVATO COMMUNITY HOSPITAL GIVES AN ANNUAL GRANT, PERFORMS ALL OUTPATIENT LABORATORY PROCEDURES FOR PATIENTS, PROVIDES TECHNICAL ASSISTANCE (LABORATORY), AND OTHER SUPPORTIVE ACTIVITIES THE PARTNERSHIP DEVELOPS. IN 2016, THE CLINIC PROVIDED 1816 HEALTH CARE ENCOUNTERS, PERFORMED 213 HEALTH SCREENINGS AND FILLED 1365 PRESCRIPTIONS FOR ITS VERY POOR

Part VI Supplemental Information

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PATIENTS.

KALMANOVITZ CHILD DEVELOPMENT CENTER (KCDC) IS A SPECIAL CLINIC OPERATED UNDER THE NCH LICENSE THAT PROVIDES EVALUATION AND SERVICES TO DEVELOPMENTALLY DELAYED AND SPECIAL NEEDS CHILDREN AGES 0-21. FOR THOSE WHO ARE UNABLE TO PAY, SERVICES ARE PROVIDED ON A SLIDING FEE SCALE. KCDC IS THE LARGEST MULTI-DISCIPLINARY CLINIC OF ITS KIND IN NORTHERN CALIFORNIA, AND ACCEPTS MOST INSURANCE. IN 2016, KCDC PROVIDED 2050 CLINICAL APPOINTMENTS AND CONNECTED 41 PATIENTS TO MENTAL HEALTH SERVICES.

NOVATO COMMUNITY HOSPITAL HIRES AND MANAGES REGISTERED NURSES WHO WORK ONE-ON-ONE WITH PUBLIC SCHOOL STUDENTS WHO HAVE ACUTE CHRONIC HEALTH CONDITIONS SUCH AS TYPE 1 DIABETES, SPINA BIFIDA, AND EPILEPSY. THE NURSING SUPPORT MAKES IT POSSIBLE FOR THESE STUDENTS TO ATTEND SCHOOL WITH THEIR PEERS. IN 2016, THE PROGRAM PROVIDED CASE MANAGEMENT FOR 75 STUDENTS, PROVIDED 200 HEALTH SCREENINGS AND SAW A 35% REDUCTION IN ED VISITS FROM THESE STUDENTS.

Part VI Supplemental Information

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NOVATO COMMUNITY HOSPITAL HIRES AND MANAGES TWO ATHLETIC TRAINERS PLACED IN THE LOCAL DISTRICT'S TWO HIGH SCHOOLS. IN 2016, THE TRAINERS PROVIDED 1656 HEALTH SCREENINGS, CONNECTED 130 STUDENTS TO PRIMARY CARE PHYSICIANS AND PROVIDED 295 WARM HANDOFFS TO OTHER NEEDED SERVICES.

SUTTER LAKESIDE HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR SUTTER LAKESIDE HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS 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 BREAST CANCER NAVIGATION PROGRAM'S GOAL IS TO INCREASE BREAST CANCER AWARENESS AND MAMMOGRAPHY SCREENINGS, AND PROVIDE RESOURCES AND SUPPORT TO COMMUNITY MEMBERS DIAGNOSED WITH BREAST CANCER. THE PROGRAM NAVIGATORS PARTNER WITH PATIENTS IN THE EARLY STAGES OF SCREENING AND CONTINUE TO GUIDE PATIENTS THROUGH BIOPSY, DIAGNOSIS, SURGERY, TREATMENT AND RECOVERY. IN 2016, THE PROGRAM HAD 250 ENCOUNTERS WITH ASSISTING

Part VI Supplemental Information

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PATIENTS.

THE HEROES OF HEALTH AND SAFETY IS A ONE DAY HEALTH FAIR WITH THE GOAL OF CONNECTING LAKE COUNTY RESIDENTS TO INFORMATION RELATED TO HEALTH AND SAFETY. IN 2016, THE EVENT PROVIDED 1,021 HEALTH SCREENINGS, CONNECTED EIGHT COMMUNITY MEMBERS TO A PRIMARY CARE PHYSICIANS AND ASSISTED RESIDENTS WITH ENROLLING IN INSURANCE.

SUTTER LAKESIDE PHYSICAL THERAPY OFFERS FREE WELLNESS CLASSES TO THE COMMUNITY FOCUSED ON FALL PREVENTION AND HELPING RESIDENTS LIVE BETTER WITH CHRONIC PAIN. IN 2016, 156 CLASSES WERE PROVIDED FOCUSED ON IMPROVING BALANCE, STRENGTHENING THE CORE AND IMPROVING FLEXIBILITY.

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 MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES. TOGETHER, WE'RE

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CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING
FOR PATIENTS.

THE HOSPITAL'S MISSION IS TO ENHANCE THE WELL-BEING OF PEOPLE IN THE
COMMUNITIES WHERE WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO
COMPASSION AND EXCELLENCE IN HEALTHCARE SERVICES.

AT SUTTER HEALTH, WE BELIEVE THERE SHOULD BE NO BARRIERS TO RECEIVING
TOP-QUALITY MEDICAL CARE. WE STRIVE TO PROVIDE ACCESS TO EXCELLENT
HEALTHCARE SERVICES FOR NORTHERN CALIFORNIANS, REGARDLESS OF ABILITY TO
PAY. AS PART OF OUR NOT-FOR-PROFIT MISSION, SUTTER HEALTH INVESTS
MILLIONS OF DOLLARS BACK INTO THE COMMUNITIES WE SERVE - AND BEYOND.
THROUGH THESE INVESTMENTS AND COMMUNITY PARTNERSHIPS, WE'RE PROVIDING AND
PRESERVING VITAL PROGRAMS AND SERVICES, THEREBY IMPROVING THE HEALTH AND
WELL-BEING OF THE COMMUNITIES WE SERVE.

OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED MORE THAN \$4
BILLION TO CARE FOR PATIENTS WHO COULDN'T AFFORD TO PAY, AND TO SUPPORT

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PROGRAMS THAT IMPROVE COMMUNITY HEALTH. OUR 2016 COMMITMENT OF \$669

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:

- IN 2016, SUTTER HEALTH INVESTED \$388 MILLION MORE THAN THE STATE PAID TO CARE FOR MEDI-CAL PATIENTS. MEDI-CAL ACCOUNTED FOR 19 PERCENT OF SUTTER HEALTH'S GROSS PATIENT SERVICE REVENUES IN 2016. SUTTER HEALTH HOSPITALS PROUDLY SERVE MORE MEDI-CAL PATIENTS IN OUR NORTHERN CALIFORNIA SERVICE AREA THAN ANY OTHER HEALTHCARE PROVIDER.

- THROUGHOUT OUR HEALTHCARE 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

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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 ADDRESS REAL COMMUNITY NEEDS.
FOR MORE FACTS AND INFORMATION VISIT WWW.SUTTERHEALTH.ORG.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT:

CALIFORNIA

SCHEDULE I
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public
Inspection

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

Name of the organization SUTTER BAY HOSPITALS
FKA 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.

1 (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
(1) PATIENT ASSISTANCE FOUNDATION 2100 WEBSTER ST #100 SAN FRANCISCO CA 94115	94-2944137	501(C)(3)	504,730				GENERAL SUPPORT
(2) NORTH EAST MEDICAL SERVICE 1520 STOCKTON ST SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	346,000				GENERAL SUPPORT
(3) PARKINSONS INSTITUTE 675 ALMANOR DR SUNNYVALE, CA 94085	94-3061594	501(C)(3)	250,000				GENERAL SUPPORT
(4) CENTER FOR YOUTH WELLNESS 3450 THIRD ST STE 2A SAN FRANCISCO CA 94124	45-2527627	501(C)(3)	200,000				GENERAL SUPPORT
(5) SAN FRANCISCO MEDICAL CENTER 229 7TH ST SAN FRANCISCO, CA 94103	23-7304921	501(C)(3)	200,000				GENERAL SUPPORT
(6) SALUD PARA LA GENTE 195 AVIATION WY #200 WATSONVILLE CA 95076	94-2705747	501(C)(3)	160,500				GENERAL SUPPORT
(7) NORTHERN CALIFORNIA CENTER FOR WELL BEING 101 BROOKWOOD AVE STE A SANTA ROSA CA 95404	93-1144835	501(C)(3)	142,819				GENERAL SUPPORT
(8) UNITED WAY SANTA CRUZ PO BOX 1458 CAPITOLA, CA 95010	94-1422471	501(C)(3)	109,000				GENERAL SUPPORT
(9) MARCH OF DIMES FULFILLMENT CENTER PO BOX 1657 WILKES-BARRE, PA 18703	13-1846366	501(C)(3)	35,625				GENERAL SUPPORT
(10) SANTA CRUZ WOMENS HLTH CENTER 250 LOCUST ST SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	35,000				GENERAL SUPPORT
(11) HOMEWARD BOUND OF MARIN 1385 NO HAMILTON PKWY NOVATO, CA 94949	68-0011405	501(C)(3)	33,385				GENERAL SUPPORT
(12) MENDOCINO LAKE COMMUNITY COLLEGE 1000 HENSLEY CREEK RD UKIAH, CA 95482	94-6002711	GOVT	33,250				GENERAL SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER BAY HOSPITALS
FKA 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.

1 (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
(1) OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY RD OCCIDENTAL CA 95465	68-0359676	501(C)(3)	30,600				GENERAL SUPPORT
(2) IMMACULATE CONCEPTION ACADEMY SF WORK STUDY 3625 24TH ST SAN FRANCISCO, CA 94110	26-4450576	501(C)(3)	30,000				GENERAL SUPPORT
(3) SAN FRANCISCO CHILD ABUSE PREVENTION CENTER 1757 WALLER ST SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	30,000				GENERAL SUPPORT
(4) HABITAT FOR HUMANITY LAKE COUNTY CALIFORNIA PO BOX 1830 LOWER LAKE, CA 95457	68-0458756	501(C)(3)	26,875				GENERAL SUPPORT
(5) LATINA BREAST CANCER AGENCY 4271 MISSION ST SAN FRANCISCO, CA 94112	01-0628124	501(C)(3)	25,000				GENERAL SUPPORT
(6) AMBULATORY SURGERY ACCESS 1119 MARKET ST #400 SAN FRANCISCO CA 94103	94-3180356	501(C)(3)	25,000				GENERAL SUPPORT
(7) APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO, CA 94133	94-3164091	501(C)(3)	25,000				GENERAL SUPPORT
(8) TIDES CENTER BODY POSITIVE 2417 PROSPECT ST STE A BERKELEY, CA 94704	94-3213100	501(C)(3)	25,000				GENERAL SUPPORT
(9) COMMUNITY CENTER PROJECT OF SAN FRANCISCO 1800 MARKET ST SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	25,000				GENERAL SUPPORT
(10) COMPASS FAMILY SERVICES 49 POWELL ST 3RD FL SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	25,000				GENERAL SUPPORT
(11) CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	25,000				GENERAL SUPPORT
(12) DEMARILLAC ACADEMY 175 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-3390330	501(C)(3)	25,000				GENERAL SUPPORT

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

Employer identification number

94-0562680

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

1 (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
(1) EPISCOPAL COMMUNITY SERVICES 165 8TH ST 3RD FL SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	25,000				GENERAL SUPPORT
(2) HEALTHRIGHT360 1735 MISSION ST SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	25,000				GENERAL SUPPORT
(3) KIMOCHI, INC 1715 BUCHANAN ST SAN FRANCISCO, CA 94115	23-7117402	501(C)(3)	25,000				GENERAL SUPPORT
(4) MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO, CA 94117	94-3189198	501(C)(3)	25,000				GENERAL SUPPORT
(5) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	25,000				GENERAL SUPPORT
(6) SHANTI PROJECT 730 POLK ST SAN FRANCISCO, CA 94109	94-2297147	501(C)(3)	25,000				GENERAL SUPPORT
(7) PALCARE, INC 945 CALIFORNIA DR BURLINGAME, CA 94010	94-3048383	501(C)(3)	25,000				GENERAL SUPPORT
(8) ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST 4TH FLR SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)	20,000				GENERAL SUPPORT
(9) MISSION HOSPICE OF SAN MATEO COUNTY 1670 SO AMPHLETT BLVD SAN MATEO, CA 94402	94-2567162	501(C)(3)	20,000				GENERAL SUPPORT
(10) PORTOLA FAMILY CONNECTIONS 2565 SAN BRUNO AVE SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	25,000				GENERAL SUPPORT
(11) NORTH BAY LEADERSHIP COUNCIL 775 BAYWOOD DR STE 101 PETALUMA, CA 94954	68-0234040	501(C)(6)	17,700				GENERAL SUPPORT
(12) DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WY SANTA CRUZ, CA 95065	77-0311752	501(C)(13)	15,500				GENERAL SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization SUTTER BAY HOSPITALS
FKA 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. ☒ Yes ☐ No

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.

1 (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
(1) SELF HELP FOR THE ELDERLY 731 SANSOME ST #100, SAN FRANCISCO CA 94111	94-1750717	501 (C) (3)	25,000				GENERAL SUPPORT
(2) CHINATOWN COMMUNITY DEVELOPMENT CENTER 1525 GRANT AVE SAN FRANCISCO, CA 94133	94-2514053	501 (C) (3)	15,000				GENERAL SUPPORT
(3) CHINESE HOSPITAL MEDICAL STAFF 845 JACKSON ST SAN FRANCISCO, CA 94133	94-3165001	501 (C) (3)	15,000				GENERAL SUPPORT
(4) FAMILY SERVICE AGENCY SANTA CRUZ 104 WALNUT AVE #208 SANTA CRUZ, CA 95060	94-1716354	501 (C) (3)	15,000				GENERAL SUPPORT
(5) HEALTH IMPROVEMENT PARTNERSHIP SANTA CRUZ 1800 GREEN HILLS RD SCOTTS VALLEY, CA 95066	01-0826156	501 (C) (3)	13,000				GENERAL SUPPORT
(6) MARIN COMMUNITY CLINIC PO BOX 1868 NOVATO, CA 94948	94-2237120	501 (C) (3)	10,000				GENERAL SUPPORT
(7) MARIN COUNTY BICYCLE COALITION PO BOX 1115 FAIRFAX, CA 94978	68-0419394	501 (C) (3)	10,000				GENERAL SUPPORT
(8) MARIN COUNTY EDUCATION OFFICE PO BOX 4925 SAN RAFAEL, CA 94913	94-6022431	GOVT	10,000				GENERAL SUPPORT
(9) CONARD HOUSE INC 1385 MISSION ST #200 SAN FRANCISCO CA 94103	94-1489356	501 (C) (3)	10,000				GENERAL SUPPORT
(10) HUCKLEBERRY YOUTH PROGRAMS INC 3310 GEARY BLVD SAN FRANCISCO, CA 94118	94-1687559	501 (C) (3)	10,000				GENERAL SUPPORT
(11) INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	501 (C) (3)	10,000				GENERAL SUPPORT
(12) JEWISH VOCATIONAL & CAREER COUNSELING SVCS 17 GEARY ST STE 401 SAN FRANCISCO, CA 94108	94-2213100	501 (C) (3)	10,000				GENERAL SUPPORT

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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OMB No. 1545-0047

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**Open to Public
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Name of the organization

SUTTER BAY HOSPITALS

FKA 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.

1 (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
(1) MARIN ECONOMIC FORUM 555 NORTHGATE DR #255 SAN RAFAEL, CA 94903	45-4194417	501(C)(3)	10,000				GENERAL SUPPORT
(2) ON LOK INC SENIOR HEALTH SERVICES 1333 BUSH ST SAN FRANCISCO, CA 94109	94-3101464	501(C)(3)	10,000				GENERAL SUPPORT
(3) ROTACARE BAY AREA INC 514 VALLEY WY MILPITAS, CA 95035	77-0328723	501(C)(3)	10,000				GENERAL SUPPORT
(4) SAINT ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	10,000				GENERAL SUPPORT
(5) SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST #450 SAN FRANCISCO, CA 94103	94-2897258	501(C)(3)	10,000				GENERAL SUPPORT
(6) SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH ST #2028 SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	10,000				GENERAL SUPPORT
(7) SAN MATEO CITY OF SAN MATEO SENIOR CENTER 2645 ALAMEDA LAS PULGAS SAN MATEO, CA 94403	94-6000422	GOVT	10,000				GENERAL SUPPORT
(8) YOUNG MENS CHRISTIAN ASSN OF SAN FRANCISCO 360 18TH AVE SAN FRANCISCO, CA 94121	94-0997140	501(C)(3)	7,850				GENERAL SUPPORT
(9) CHILDRENS HEALTH INITIATIVE FUND OF CPSC 120 STONY POINT RD #220 SANTA ROSA CA 95401	68-0003212	501(C)(3)	7,500				GENERAL SUPPORT
(10) GREATER BAY AREA MAKE A WISH FOUNDATION INC 55 HAWTHORNE ST #800 SAN FRANCISCO CA 94105	94-2958481	501(C)(3)	7,500				GENERAL SUPPORT
(11) SAN MATEO ROTARY FOUNDATIONS PO BOX 95 SAN MATEO, CA 94401	23-7101037	501(C)(3)	7,500				GENERAL SUPPORT
(12) SUTTER WEST BAY MEDICAL FOUNDATION 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-2948131	501(C)(3)	415,136				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			▶				
3 Enter total number of other organizations listed in the line 1 table			▶				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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.

OMB No 1545-0047

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Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER BAY HOSPITALS

FKA 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) FINANCIAL WOMEN OF SAN FRANCISCO 268 BUSH ST #2822 SAN FRANCISCO, CA 94104	03-0475636	501 (C) (3)	7,500				SCHOLARSHIPS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							60.
3 Enter total number of other organizations listed in the line 1 table							1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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
1						
2						
3						
4						
5						
6						
7						

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

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:

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
1						
2						
3						
4						
5						
6						
7						

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

- 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 SUCCESSSES AND CHALLENGES

THAT ARISE

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
1						
2						
3						
4						
5						
6						
7						

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

- REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES

ACTUAL EXPENDITURES TO THE FUNDED PROJECT'S 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

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
1						
2						
3						
4						
5						
6						
7						

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

PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE

FUNDING.

THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE

USE OF GRANTS BETWEEN AFFILIATES.

**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

2016

**Open to Public
Inspection**

Name of the organization **SUTTER BAY HOSPITALS**

FKA SUTTER WEST BAY HOSPITALS

Employer identification number

94-0562680

Part I Questions Regarding Compensation

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 indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2 X

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** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed 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** X
- b** Any related organization? **5b** X
- 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** X
- b** Any related organization? **6b** X
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** X

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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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 aren't 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				
1 JEFF GERARD PRESIDENT, SH BAY AREA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 838,481.		380,000.	117,976.	362,276.	20,755.	1,719,488.	227,721.
2 SARAH KREVANS PRES & CEO SH, ASST SEC SBH	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 1,528,303.		647,289.	190,356.	1,484,076.	27,074.	3,877,098.	345,896.
3 JOHN GATES SFO SUTTER HEALTH BAY AREA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 641,343.		206,675.	63,812.	162,226.	20,490.	1,094,546.	121,726.
4 KAREN HALL CHIEF LEGAL OFFICER, BAY AREA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 426,843.		141,382.	26,031.	95,726.	17,938.	707,920.	50,826.
5 BRIAN ALEXANDER CAO, NCH (PART-YEAR)	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 268,447.		111,909.	8,871.	67,042.	13,256.	469,525.	0.
6 ANNE BARR CIO, SH BAY AREA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 342,593.		118,965.	28,797.	88,226.	16,790.	595,371.	28,031.
7 WARREN BROWNER, MD CEO, CPMC	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 599,861.		250,586.	1,141,317.	189,676.	22,943.	2,204,383.	1,202,431.
8 THERESA C. GLUBKA CEO, EDEN MEDICAL CENTER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 412,169.		159,328.	45,862.	118,826.	15,289.	751,474.	80,675.
9 MAYNARD L. JENKINS, III SH VP & HR, BAY AREA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 360,871.		120,610.	12,677.	88,626.	12,273.	595,057.	24,200.
10 SIRI T. NELSON CAO, SUTTER LAKESIDE HOSPITAL	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 277,659.		103,672.	28,556.	35,476.	17,804.	463,167.	22,983.
11 JULIE A. PETRINI CEO, BAY AREA HOSPITALS	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 592,636.		226,821.	34,055.	192,976.	8,037.	1,054,525.	49,092.
12 MICHAEL L. PURVIS CEO, SSRRH & NCH	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 375,791.		134,081.	95,125.	105,526.	15,233.	725,756.	177,669.
JANET A. WAGNER CEO, MILLS PENINSULA DIVISION	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 410,723.		160,000.	55,461.	144,126.	17,488.	787,798.	93,371.
14 VERNON L. GIANG, MD CME, CPMC	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 404,611.		118,965.	7,436.	71,976.	11,636.	614,624.	0.
15 DOLORES S. GOMEZ COO, MPHs	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 368,001.		107,636.	31,431.	42,376.	11,793.	561,237.	29,989.
16 RANJIT HUNDAL, MD CME, MPHs	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 391,052.		114,000.	6,056.	80,776.	14,840.	606,724.	0.

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Page **2****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 aren't 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				
1 SIDNEY E. WANETICK, MD	(i) 0.	0.	0.	0.	0.	0.	0.
1CME, EDEN MEDICAL CENTER	(ii) 357,063.	103,823.	26,572.	67,976.	7,466.	562,900.	49,127.
2 HENRY W. YU	(i) 0.	0.	0.	0.	0.	0.	0.
2CFO HOSPITAL, WEST BAY	(ii) 363,614.	98,670.	31,712.	74,276.	16,864.	585,136.	50,271.
3 MICHAEL COHILL	(i) 0.	0.	0.	0.	0.	0.	0.
3CEO, SMCS	(ii) 607,697.	640,948.	214,137.	148,376.	23,769.	1,634,927.	319,021.
4 MICHAEL DUNCHEON	(i) 0.	0.	0.	0.	0.	0.	0.
4VP, REG COUNSEL, WEST BAY	(ii) 23,403.	131,966.	325,262.	31,888.	3,537.	516,056.	46,496.
5 PATRICK FRY	(i) 0.	0.	0.	0.	0.	0.	0.
5FORMER PRESIDENT & CEO, SH	(ii) 116,532.	2,164,509.	10,889,784.	273,326.	5,851.	13,450,002.	11,519,311.
6 GRANT DAVIES	(i) 0.	0.	0.	0.	0.	0.	0.
6CEO, VALLEY AREA HOSPITALS	(ii) 630,125.	244,923.	78,442.	195,576.	23,204.	1,172,270.	65,921.
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Schedule J (Form 990) 2016

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Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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 "ARM'S LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

MICHAEL DUNCHEON RECEIVED SEVERANCE PAYMENTS OF \$195,774

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN:

THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER

HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH

SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES.

CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT

BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION

PLAN AND SOCIAL SECURITY BENEFITS. SUTTER'S 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

PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE

FOR EMPLOYER MATCH CONTRIBUTIONS. ADDITIONALLY, QUALIFIED PENSION PLAN

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.

AND SOCIAL SECURITY BENEFIT 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 PENSION 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

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.

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 HEALTH'S QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT.

THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING

THE YEAR:

PATRICK FRY - \$10,648,923 (*SEE NOTE BELOW)

WARREN BROWNER, MD - \$1,054,631

MICHAEL DUNCHEON - \$45,150

*PATRICK FRY 2016 COMPENSATION: IN 2016 PATRICK FRY RETIRED AS CEO OF SUTTER HEALTH AFTER A CAREER SPANNING OVER 30 YEARS WITH OUR SYSTEM AND

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.

RECEIVED A LUMP-SUM PAYOUT OF A RETIREMENT BENEFIT.

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, OPERATING UNIT

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 A LONG TERM PERFORMANCE PLAN WHICH IS DESIGNED

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.

TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION.

SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH

LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION

STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE
SUCCESS.

SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE
MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL
EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED
SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. TO
ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND
THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S
OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM PERFORMANCE 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

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.

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 BY THE COMPENSATION COMMITTEE PRIOR TO
PAYMENT.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on 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

2016

Open to Public
Inspection

Employer identification number
94-0562680

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A CHEFA 2008A		52-1643828	13033F2L3	05/14/2008	329,041,638	REFUNDING 5/1/07, 04, & 02		X		X		X
B CHEFA 2011B		52-1643828	13033LKW6	02/10/2011	470,318,145	CONSTRUCT NEW FACILITIES		X		X		X
C CHEFA 2011D		52-1643828	13033LVM4	12/22/2011	331,759,643	CONSTRUCT & REFUNDING		X		X		X
D CHEFA 2013A		52-1643828	13033LW52	04/24/2013	487,683,000	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		136,685,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		329,041,638.		472,888,501.		334,684,174.		496,927,767.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				472,888,501.		145,589,174.		483,526,740.
11 Other spent proceeds		329,041,638.				189,095,000.		
12 Other unspent proceeds								13,401,027.
13 Year of substantial completion				2012		2014		2014

14 Were the bonds issued as part of a current refunding issue?	X		X		X		Yes	No
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

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JSA 6E1295 1.000
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Schedule K (Form 990) 2016

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**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

OMB No 1545-0047

2016

Open to Public
Inspection

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A CHEFA 2015A		52-1643828	13032UAR9	11/12/2015	204,061,105	REFUND 2005A & 1995 CERTIFICATES		X		X		X
B CHEFA 2016A		52-1643828	13032UCK2	02/03/2016	550,000,605	CONSTRUCT & EQUIP FACILITY				X		X
C CHEFA 2016B		52-1643828	13032UDW5	08/17/2016	901,627,093	REFUND 2005BC & 2003AB	X			X		X
D CHEFA 2016C		52-1643828	13032UDW5	08/17/2016	100,000,000	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		204,061,105.		550,000,605.		901,627,093.		100,000,000.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		204,061,105.		550,000,605.		901,627,093.		100,000,000.
12 Other unspent proceeds								
13 Year of substantial completion								2016

	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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule K (Form 990) 2016

Part III Private Business Use (Continued)

1

	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?								
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		.9000 %		%		.5800 %		%
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		.0700 %		%		.0100 %		%
6 Total of lines 4 and 5		.9700 %		%		.5900 %		%
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?								
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		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part III Private Business Use (Continued)

2

	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?								
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		.2700 %		%		.2900 %		%
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		%		%		%		%
6 Total of lines 4 and 5		.2700 %		%		.2900 %		%
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?								
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		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		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								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

JSA

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40186K 4019

Schedule K (Form 990) 2016

PAGE 235

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

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.

SCHEDULE K, PART I, COLUMN (E)

THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF:

\$61,674,224 FROM THE 2008A ISSUE, \$287,141,604 FROM THE 2011B ISSUE, \$47,749,333 FROM THE 2011D ISSUE, \$187,683,000 FROM THE 2013A ISSUE, \$9,161,337 FROM THE 2015A ISSUE, \$550,000,605 FROM THE 2016A ISSUE, \$629,448,648 FROM THE 2016B ISSUE, AND \$100,000,000 FROM THE 2016C ISSUE.

PART I, CHFFA 2008A, COLUMN (F)

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

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

USED TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED
IN 1985, 1989, 1990, 1991 AND 1995.

SCHEDULE K, PART II, LINE 7:

ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATIONS WERE PERFORMED FOR BOND CHFFA 2008A ON 6/21/2013;
CHFFA 2011B ON 3/15/2016; AND CHFFA 2011D ON 1/13/2016.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2016

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SUTTER BAY HOSPITALS**
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

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) ANTHONY WAGNER	SEE PART V	73,005	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV

DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

ANTHONY WAGNER, TRUSTEE OF SUTTER BAY HOSPITALS, HAS A FAMILY MEMBER WHO
WORKS FOR SBH.

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

2016

**Open to Public
Inspection**

Name of the organization **SUTTER BAY HOSPITALS**
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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.

FORM 990, PART III, LINE 4A

EXEMPT PURPOSE ACHIEVEMENTS:

GENERAL DESCRIPTION

SUTTER BAY HOSPITALS (SBH) IS A GROUP OF MEDICAL FACILITIES LOCATED IN
THE SAN FRANCISCO BAY AREA AND CONSISTS OF CALIFORNIA PACIFIC MEDICAL
CENTER, EDEN MEDICAL CENTER, MILLS-PENINSULA MEDICAL CENTER, NOVATO
COMMUNITY HOSPITAL, SUTTER LAKESIDE HOSPITAL, AND SUTTER SANTA ROSA
REGIONAL HOSPITAL. EDEN MEDICAL CENTER JOINED SBH ON JUNE 1, 2016, AND
MILLS-PENINSULA MEDICAL CENTER JOINED SBH ON AUGUST 1, 2016. SUTTER BAY
HOSPITALS HAD A TOTAL OF 322,065 PATIENT DAYS IN 2016.

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.

Name of the organization SUTTER BAY HOSPITALS FKA SUTTER WEST BAY HOSPITALS	Employer identification number 94-0562680
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CPMC COMPRISES FOUR OF THE OLDEST HOSPITALS IN SAN FRANCISCO. THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SAN FRANCISCO'S GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLOTHING AND HEALTH CARE. THE PACIFIC CAMPUS WAS FOUNDED IN 1857 AND WAS THE FIRST MEDICAL SCHOOL IN 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 WAS FORMED IN THE 1870'S AND HAS BEEN PROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 140 YEARS. TOGETHER THE DAVIES, CALIFORNIA, PACIFIC AND ST. LUKE'S CAMPUSES COMPRISE CPMC'S 1,154 LICENSED BEDS.

EDEN MEDICAL CENTER (EMC) WAS FIRST ESTABLISHED IN 1955 IN SOUTHERN ALAMEDA COUNTY. IN 2012 A STATE-OF-THE-ART FACILITY WAS BUILT THAT BRINGS TOGETHER PATIENT-CENTERED CARE, TECHNOLOGY, AND SOPHISTICATED DESIGN IN A LEED-CERTIFIED SUSTAINABLE AND SEISMICALLY-SAFE BUILDING. EMC HAS 130 PRIVATE PATIENT ROOMS, WITH AN ADDITIONAL 34-BED UNIVERSAL CARE UNIT, A PRIMARY STROKE CENTER, THE REGIONAL LEVEL II TRAUMA CENTER, AND A WIDE RANGE OF CENTERS OF EXCELLENCE INCLUDING CANCER CARE, ADVANCED IMAGING SERVICES, REHABILITATION AND COMPLETE SURGICAL AND ACUTE-CARE SERVICES.

MILLS-PENINSULA MEDICAL CENTER (MPMC) WAS FOUNDED BY PROMINENT CALIFORNIAN ELIZABETH MILLS REID, IN 1908 WITH JUST SIX BEDS. MANY CHANGES HAVE OCCURRED OVER THE YEARS AND NOW MPMC INCLUDES:

- A NEW 241 BED HOSPITAL OPENED IN 2011

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
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- MILLS HEALTH CENTER IN SAN MATEO WHICH PROVIDES A WIDE RANGE OF OUTPATIENT SERVICES, INCLUDING SURGERY, REHABILITATION AND DIAGNOSTICS. THE MILLS HEALTH CENTER IS ALSO HOME TO MILLS-PENINSULA'S INPATIENT REHABILITATION PROGRAM
- SUTTER MATERNITY AND SURGERY CENTER IN SANTA CRUZ IS A 30 BED ACUTE CARE HOSPITAL FACILITY
- MILLS-PENINSULA SENIOR FOCUS PROGRAM SERVING AS EDUCATOR, SERVICE PROVIDER, AND ADVOCATE FOR ELDERS BOTH IN THE HOSPITAL AND AT HOME IN THE COMMUNITY.

NOVATO COMMUNITY HOSPITAL (NCH) HAS SERVED THE NORTHERN MARIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961. NCH IS A 47 BED ACUTE CARE HOSPITAL WHICH OPERATES A 24-HOUR EMERGENCY DEPARTMENT, INPATIENT/OUTPATIENT SURGERY, A CRITICAL CARE UNIT, IMAGING SERVICES, OUTPATIENT LABORATORY, PHYSICAL THERAPY 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 HOSPITAL FIRST OPENED. A NEW 84 BED STATE-OF-THE ART MEDICAL FACILITY OPENED IN 2014 WITH A FULL RANGE OF FIVE-STAR PERSONALIZED CARE SERVICES.

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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

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COUNTY, CALIFORNIA. SUTTER LAKESIDE PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE; SURGICAL SERVICES; FAMILY BIRTH SERVICES; PREVENTIVE CARE; AND PRIMARY CARE THROUGH OUR CLINICS AND HEALTH EDUCATION.

SUTTER BAY HOSPITALS

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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
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- 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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

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- 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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

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- 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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

- SURGICAL TRAINING CENTER
- VOLUNTEER SERVICES
- WEB NURSERY
- CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION
- NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE
- SUTTER LAKESIDE FOUNDATION

COMMUNITY BENEFIT

THE MEDICAL FACILITIES IN SUTTER BAY HOSPITALS (SBH) 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 COMMUNITY BENEFIT REPRESENTATIVES OF SBH 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 SBH MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE FACILITIES' MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED.

IN FISCAL YEAR 2016, SUTTER BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF \$203 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

UNDERSERVED: 5,019,450 COMMUNITY HEALTH IMPROVEMENT SERVICES, 31,287,736
IN HEALTH PROFESSIONALS EDUCATION, 24,509,997 SUBSIDIZED HEALTH SERVICES,
14,786,159 IN RESEARCH, 24,492,072 IN FINANCIAL AND IN-KIND
CONTRIBUTIONS, 184,745 IN COMMUNITY BUILDING ACTIVITIES AND 1,568,790 IN
COMMUNITY BENEFIT OPERATIONS, WHILE PROVIDING 15,542,008 IN FINANCIAL
ASSISTANCE WITH MEANS-TESTED PROGRAMS OF 3,934,359 AND MEDICAID
83,202,715.

FORM 990, PART VI, LINE 1A

THE AFFAIRS AND MANAGEMENT OF SUTTER BAY HOSPITALS (SBH) ARE SUPERVISED
BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR
BUSINESS OF SBH DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF
DIRECTORS.

THE EXECUTIVE COMMITTEE CONSISTS OF SBH'S CHAIR WHO SERVES AS CHAIR OF
THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING
COMMITTEE, THE PRESIDENT OF SBH AND UP TO NINE ADDITIONAL DIRECTORS. AT
LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR.

FORM 990, PART VI, LINE 4

SIGNIFICANT BYLAW CHANGES

FORMER NAME: SUTTER WEST BAY HOSPITALS

REVISED NAME: SUTTER BAY HOSPITALS (SBH)

MERGER INFORMATION:

JUNE 1, 2016: SUTTER MEDICAL CENTER, CASTRO VALLEY MERGED INTO SBH

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

AUGUST 1, 2016: MILLS-PENINSULA HEALTH SERVICES MERGED INTO SBH

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.

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;

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

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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;

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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.

FORM 990, PART VI, LINE 11B

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW

FORM 990:

SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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.

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

Name of the organization SUTTER BAY HOSPITALS
FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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.

FORM 990, PART VI, LINES 15A & 15B

PROCESS FOR DETERMINING COMPENSATION:

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 SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE).

THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH. THIS METHOD IS MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES

Name of the organization	SUTTER BAY HOSPITALS FKA SUTTER WEST BAY HOSPITALS	Employer identification number	94-0562680
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FOR EXECUTIVE TALENT.

OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE COMPENSATION COMMITTEE OR A DELEGATED SUB-COMMITTEE. APPROVAL IS RECORDED IN THE MINUTES. EXECUTIVE COMPENSATION REVIEW WAS LAST COMPLETED IN DECEMBER 2016.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS TO THE 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.

FORM 990, PART VII, SECTION A

KATHERINE HSIAO'S COMPENSATION WAS FOR SERVICES PROVIDED AS AN INDEPENDENT CONTRACTOR AND NOT FOR SERVICES PROVIDED AS A BOARD MEMBER OF SBH.

THE FOLLOWING BOARD MEMBER OF THE ORGANIZATION IS A FULL-TIME EMPLOYEE (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARY IS REPORTED HEREIN. THIS INDIVIDUAL RECEIVES NO COMPENSATION FOR THEIR SERVICE AS A BOARD MEMBER OF THIS ORGANIZATION.

- SARAH KREVANS

Name of the organization SUTTER BAY HOSPITALS FKA SUTTER WEST BAY HOSPITALS	Employer identification number 94-0562680
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN FUND BALANCE:

EQUITY TRANSFERS (NET)	(233,494,278)
PARTNERSHIP INCOME BOOKED ON RETURN	15,043,790
K-1 ACTIVITY	(15,226,514)
TRANSFER FROM SUTTER MEDICAL CENTER CASTRO VALLEY - MERGER	68,906,454
TRANSFER FROM MILLS-PENINSULA HEALTH SERVICES - MERGER	143,026,604

	(21,743,944)

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RIGHTSOURCING INC. DBA PRO UNLIMITED MPS PO BOX 515743 LOS ANGELES, CA 90051-5118	STAFFING SERVICES	38,144,582.
ARAMARK HEALTHCARE SUPPORT SERVICES, LLC 24863 NETWORK PLACE CHICAGO, IL 60673-1248	MEDICAL SERVICES	16,381,532.
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	STAFFING SERVICES	15,746,000.
PACIFIC INPATIENT MEDICAL GROUP, INC. PO BOX 1230 SUISUN CITY, CA 94585-1230	STAFFING SERVICES	13,183,183.
DONOR NETWORK WEST 12667 ALCOSTA BLVD, SUITE 500 SAN RAMON, CA 94583	BUILDING SERVICES	11,251,204.

SCHEDULE R
(Form 990)**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.Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

Employer identification number

94-0562680

OMB No 1545-0047

2016Open to Public
Inspection**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 20-0511266 P.O. BOX 7999 SAN FRANCISCO, CA 94120	RENTAL PROP.	CA	0.	0.	N/A
(2)						
(3)						
(4)						
(5)						
(6)						

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 No
(1)	ADOLESCENT TREATMENT CENTERS, INC C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	3	SUTTER EBH	X
(2)	BETTER HEALTH EAST BAY FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER EBH	X
(3)	CALIFORNIA PACIFIC MEDICAL CTR FOUND C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER BH	X
(4)	EAST BAY PERINATAL CENTER C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	3	SUTTER EBH	X
(5)	EDEN MEDICAL CENTER C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	10	SUTTER HLTH	X
(6)	MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	12A - I	SUTTER CVH	X
(7)	MILLS-PENINSULA HEALTH SERVICES C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER BMF	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule R (Form 990) 2016**

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**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

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

2016Open to Public
Inspection

Name of the organization

SUTTER BAY HOSPITALS

FKA 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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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	No
(1)	MILLS-PENINSULA HOSPITAL FOUNDATION 23-7288765 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER BH		X
(2)	SAMUEL MERRITT UNIVERSITY 94-2992642 450 30TH STREET, STE 2840 OAKLAND, CA 94609	UNIVERSITY	CA	501 (C) (3)	2	SUTTER EBH		X
(3)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION 94-2594966 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER VH		X
(4)	SUTTER BAY MEDICAL FOUNDATION 94-1156581 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	3	SUTTER HLTH		X
(5)	SUTTER CENTRAL VALLEY HOSPITALS 94-1080917 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH		X
(6)	SUTTER COAST HOSPITAL 94-2988520 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH		X
(7)	SUTTER DAVIS HOSPITAL FOUNDATION 68-0217870 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER VH		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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SCHEDULE R
(Form 990)**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.Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

Employer identification number

94-0562680

OMB No 1545-0047

2016Open to Public
Inspection**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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 No
(1)	SUTTER EAST BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X
(2)	SUTTER EAST BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	12B - II	SUTTER HLTH	X
(3)	SUTTER GOULD MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	X
(4)	SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORTING OR	CA	501(C)(3)	12C III-FI	N/A	X
(5)	SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD. EWA BEACH, HI 96706	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X
(6)	SUTTER HEALTH PLAN C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	X
(7)	SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET, SUITE 1100 HONOLULU, HI 96813	INSURANCE SVS	HI	501(C)(3)	12C III-FI	SUTTER HLTH	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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**SCHEDULE R
(Form 990)**

SUTTER BAY HOSPITALS

94-0562680

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

OMB No 1545-0047

2016

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Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	SUTTER MEDICAL CENTER FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER VH		X
(2)	SUTTER MEDICAL CENTER CASTRO VALLEY C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH		X
(3)	SUTTER ROSEVILLE MEDICAL CTR FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER VH		X
(4)	SUTTER SOLANO CHARITABLE FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	7	SUTTER VH		X
(5)	SUTTER VALLEY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH		X
(6)	SUTTER VALLEY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	12B - II	SUTTER HLTH		X
(7)	SUTTER VISITING NURSE ASSOC AND HOSPICE C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	10	SUTTER HLTH		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER BAY HOSPITALS

FKA SUTTER WEST BAY HOSPITALS

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

2016Open to Public
Inspection

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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 No
(1)	SUTTER WEST BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	X
(2)	TRACY HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER CVH	X
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) MAGNETIC IMAGING AF 94-2953833 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	N/A								
(2) SURG CTR OF ABSMC 47-0946086 3875 TELEGRAPH OAKLAND, CA	OUTPATIENT SURG	CA	N/A								
(3) ALTA CT SERVICES LP 94-3083464 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	N/A								
(4) CA PACIFIC ADV IMAG 56-2311840 PO BOX 6102 NOVATO, CA 94948	MRI JOINT VENTURE	DE	SUTTER BH	RELATED	1,715,846	789,827		X	0	X	51.0000
(5) SF ENDOSCOPY CENTER 91-2160588 2200 RIVER PLZ SACRAMENTO, CA	ENDOSCOPY JV	CA	SUTTER BH	RELATED	4,403,345	1,457,249		X	0	X	51.0000
(6) PRESIDIO SURG CNTR 32-0144060 1635 DIVISADERO SF, CA 94115	AMBULATORY SURG	CA	SUTTER BH	RELATED	8,603,474	5,266,774		X	0	X	51.0000
(7) SUT FAIRFIELD SURG 30-0233892 2200 RIVER PLZ SACRAMENTO, CA	SURGERY	CA	N/A								

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?
(1) NORTHWOOD EUROPE TE FEEDER, LP 1819 WAZEE STREET, 2ND FLOOR DENVER, CO 80202	HOLDING COMPANY	CJ	N/A	C CORP				X
(2) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	RABBI TRUST	CA	N/A	TRUST				X
(3)								
(4)								
(5)								
(6)								
(7)								

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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TWIN CTY SURG HOSP 35-2182617 2200 RIVER PLZ SACRAMENTO, CA	SURGERY	CA	N/A									
(2) SUT AMADOR SURG CTR 46-1398093 2200 RIVER PLZ SACRAMENTO, CA	SURGERY	CA	N/A									
(3) ROSEVILLE ENDOSCOPY 87-0710513 2200 RIVER PLZ SACRAMENTO, CA	ENDOSCOPY JV	CA	N/A									
(4) STANISLAUS SRG HOSP 91-1754157 1421 OAKDALE RD MODESTO, CA	SURGERY	CA	N/A									
(5) MEMORIAL MED BLDG 1 77-0287288 1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	N/A									
(6) MEMORIAL MED BLDG 2 77-0287288 1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	N/A									
(7) MAGNETIC IMAGING AF 47-3696091 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ASC OPTRS-SNTA ROSA 26-3386169 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(2) ASC OPTRS-SLO, LLC 27-2673776 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(3) DR2 EMERGING MKETS 61-1729868 250 PARK AVE S WINTER PARK, FL	INVESTMENTS	FL	N/A									
(4) SF PEDIATRIC VENTURE45-4474910 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	SUTTER BH	RELATED	-400	395,000		X	0		X	50.0000
(5) STRAT COMMODITIES 56-2493292 257 PARK AVE S NEW YORK, NY	INVESTMENTS	NY	N/A									
(6) ICG CREDIT OPP FUND 81-4220441 11111 SANTA MONICA LOS ANGELES	INVESTMENTS	CA	N/A									
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER EAST BAY HOSPITALS	Q	86,372,333.	FMV
(2)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	20,136,416.	FMV
(3)	SUTTER WEST BAY MEDICAL FOUNDATION	P	18,696,730.	FMV
(4)	SUTTER HEALTH PLAN	S	17,957,655.	FMV
(5)	SUTTER INSURANCE SERVICES CORPORATION	P	13,605,132.	FMV
(6)	SAMUEL MERRITT UNIVERSITY	Q	11,795,736.	FMV

Schedule R (Form 990) 2016

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
- b** Gift, grant, or capital contribution to related organization(s).
- c** Gift, grant, or capital contribution from related organization(s).
- d** Loans or loan guarantees to or for related organization(s).
- e** Loans or loan guarantees by related organization(s).
- f** Dividends from related organization(s).
- g** Sale of assets to related organization(s).
- h** Purchase of assets from related organization(s).
- i** Exchange of assets with related organization(s).
- j** Lease of facilities, equipment, or other assets to related organization(s).
- k** Lease of facilities, equipment, or other assets from related organization(s).
- l** Performance of services or membership or fundraising solicitations for related organization(s).
- m** Performance of services or membership or fundraising solicitations by related organization(s).
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o** Sharing of paid employees with related organization(s).
- p** Reimbursement paid to related organization(s) for expenses.
- q** Reimbursement paid by related organization(s) for expenses.
- r** Other transfer of cash or property to related organization(s).
- s** Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDEN MEDICAL CENTER	R	11,074,870.	FMV
(2) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	R	8,291,184.	FMV
(3) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	Q	5,235,124.	FMV
(4) MILLS-PENINSULA HOSPITAL FOUNDATION	M	3,236,886.	FMV
(5) SUTTER WEST BAY MEDICAL FOUNDATION	J	2,753,557.	FMV
(6) MILLS-PENINSULA HOSPITAL FOUNDATION	C	1,672,984.	FMV

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b	Gift, grant, or capital contribution to related organization(s).	1b	
c	Gift, grant, or capital contribution from related organization(s).	1c	
d	Loans or loan guarantees to or for related organization(s).	1d	
e	Loans or loan guarantees by related organization(s).	1e	
f	Dividends from related organization(s).	1f	
g	Sale of assets to related organization(s).	1g	
h	Purchase of assets from related organization(s).	1h	
i	Exchange of assets with related organization(s).	1i	
j	Lease of facilities, equipment, or other assets to related organization(s).	1j	
k	Lease of facilities, equipment, or other assets from related organization(s).	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o	Sharing of paid employees with related organization(s).	1o	
p	Reimbursement paid to related organization(s) for expenses.	1p	
q	Reimbursement paid by related organization(s) for expenses.	1q	
r	Other transfer of cash or property to related organization(s).	1r	
s	Other transfer of cash or property from related organization(s).	1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER BAY MEDICAL FOUNDATION	J	1,630,479.	FMV
(2)	SUTTER BAY MEDICAL FOUNDATION	Q	848,309.	FMV
(3)	SUTTER WEST BAY MEDICAL FOUNDATION	B	415,136.	FMV
(4)	SAN FRANCISCO PEDIATRIC VENTURE, LLC	S	395,000.	FMV
(5)	SUTTER BAY MEDICAL FOUNDATION	C	367,905.	FMV
(6)	MILLS-PENINSULA HOSPITAL FOUNDATION	Q	362,334.	FMV

Schedule R (Form 990) 2016

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	
b	Gift, grant, or capital contribution to related organization(s).			1b	
c	Gift, grant, or capital contribution from related organization(s).			1c	
d	Loans or loan guarantees to or for related organization(s).			1d	
e	Loans or loan guarantees by related organization(s).			1e	
f	Dividends from related organization(s).			1f	
g	Sale of assets to related organization(s).			1g	
h	Purchase of assets from related organization(s).			1h	
i	Exchange of assets with related organization(s).			1i	
j	Lease of facilities, equipment, or other assets to related organization(s).			1j	
k	Lease of facilities, equipment, or other assets from related organization(s).			1k	
l	Performance of services or membership or fundraising solicitations for related organization(s).			1l	
m	Performance of services or membership or fundraising solicitations by related organization(s).			1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1n	
o	Sharing of paid employees with related organization(s).			1o	
p	Reimbursement paid to related organization(s) for expenses.			1p	
q	Reimbursement paid by related organization(s) for expenses.			1q	
r	Other transfer of cash or property to related organization(s).			1r	
s	Other transfer of cash or property from related organization(s).			1s	
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)	(b)	(c)	(d)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved		
(1) SUTTER EAST BAY MEDICAL FOUNDATION	Q	277,945.	FMV		
(2) BETTER HEALTH EAST BAY FOUNDATION	R	274,680.	FMV		
(3) SUTTER WEST BAY MEDICAL FOUNDATION	K	246,577.	FMV		
(4) BETTER HEALTH EAST BAY FOUNDATION	P	166,003.	FMV		
(5) BETTER HEALTH EAST BAY FOUNDATION	C	108,677.	FMV		
(6) SUTTER WEST BAY MEDICAL FOUNDATION	S	105,138.	FMV		

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.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a
b	Gift, grant, or capital contribution to related organization(s).		1b
c	Gift, grant, or capital contribution from related organization(s).		1c
d	Loans or loan guarantees to or for related organization(s).		1d
e	Loans or loan guarantees by related organization(s).		1e
f	Dividends from related organization(s).		1f
g	Sale of assets to related organization(s).		1g
h	Purchase of assets from related organization(s).		1h
i	Exchange of assets with related organization(s).		1i
j	Lease of facilities, equipment, or other assets to related organization(s).		1j
k	Lease of facilities, equipment, or other assets from related organization(s).		1k
l	Performance of services or membership or fundraising solicitations for related organization(s).		1l
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n
o	Sharing of paid employees with related organization(s).		1o
p	Reimbursement paid to related organization(s) for expenses.		1p
q	Reimbursement paid by related organization(s) for expenses.		1q
r	Other transfer of cash or property to related organization(s).		1r
s	Other transfer of cash or property from related organization(s).		1s
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER MEDICAL CENTER CASTRO VALLEY	Q	98,922.	FMV
(2)	PENINSULA ENDOSCOPY CENTER, LLC	Q	79,418.	FMV
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under 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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.