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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

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

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

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

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 4,130,686,472

F Name and address of principal officer
JULIE PETRINI
PO BOX 7999
SACRAMENTO, CA 95833

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**	23
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 2018 (Part V, line 2a)	**5**	17,688
6	Total number of volunteers (estimate if necessary)	**6**	2,312
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,836,098
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	50,706,494	57,859,329
9	Program service revenue (Part VIII, line 2g)	2,965,658,835	4,031,425,860
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,196,580	8,171,397
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,882,869	21,390,919
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,059,444,778	4,118,847,505
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,906,799	6,809,279
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)	1,365,717,344	1,956,858,515
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶855,930		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,450,459,159	2,121,140,286
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,820,083,302	4,084,808,080
19	Revenue less expenses Subtract line 18 from line 12	239,361,476	34,039,425

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,548,225,034	5,925,387,137
21	Total liabilities (Part X, line 26)	2,302,346,677	3,722,211,267
22	Net assets or fund balances Subtract line 21 from line 20	2,245,878,357	2,203,175,870

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2019-11-12

JOHN GATES CFO
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 4365 EXECUTIVE DR STE 1600
SAN DIEGO, CA 92121 — Phone no (858) 535-7200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,567,232,126 including grants of $ 6,809,279) (Revenue $ 4,031,425,860)

See Additional Data

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 ▶ 3,567,232,126

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	1,563		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	17,688		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CARLA WHITE-SNYDER 9100 FOOTHILLS BOULEVARD ROSEVILLE, CA 95747 (916) 286-6665

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								2,346,106	19,152,662	4,914,604

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 ▶ 6,549

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RIGHTSOURCING INC, 999 STEWART AVE STE 100 BETHPAGE, NY 117143632	STAFFING SERVICES	67,452,339
DONOR NETWORK WEST, 12667 ALCOSTA BLVD STE 500 SAN ROMAN, CA 94585	ORGAN DONATION SVCS	12,201,120
PACIFIC INPATIENT MEDICAL GROUP IN, 9 JEFFREY CT NOVATO, CA 949451739	PHYSICIAN SERVICES	12,119,108
CROTHALL LAUNDRY SERVICES INC, 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	LAUNDRY SERVICES	11,346,254
HURON CONSULTING GROUP INC, 3005 MOMENTUM PL CHICAGO, IL 606895330	CONSULTING SERVICES	8,113,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 509

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 510,572			
	d Related organizations	1d 33,121,050			
	e Government grants (contributions)	1e 1,874,771			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,352,936			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	57,859,329			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	621110	3,990,660,507	3,990,660,507	
	b HEALTHCARE RELATED JV INCOME	900099	26,783,363	26,783,363	
	c RENTAL TO AFFILIATES	900099	13,981,990	13,981,990	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	4,031,425,860			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,403,686			4,403,686
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal			
	6a Gross rents	16,666,251			
	b Less rental expenses	5,589,531			
	c Rental income or (loss)	11,076,720 / 0			
	d Net rental income or (loss) . . . . . ▶	11,076,720			11,076,720
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	3,132,213 / 6,680,568			
	b Less cost or other basis and sales expenses	0 / 6,045,070			
	c Gain or (loss)	3,132,213 / 635,498			
	d Net gain or (loss) . . . . . ▶	3,767,711			3,767,711
	8a Gross income from fundraising events (not including $ 510,572 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	266,945			
	b Less direct expenses . . . **b**	199,676			
	c Net income or (loss) from fundraising events . . ▶	67,269			67,269
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	36,720			
	b Less direct expenses . . . **b**	4,690			
	c Net income or (loss) from gaming activities . . ▶	32,030			32,030
	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 CAFETERIA	900099	7,378,802		7,378,802
	b PARKING	812930	2,330,696	2,330,696	
	c LABORATORY	621500	307,143	307,143	
	d All other revenue		198,259	198,259	
	e Total. Add lines 11a–11d . . . . . ▶		10,214,900		
	12 Total revenue. See Instructions . . . . . ▶		4,118,847,505	4,031,425,860	2,836,098	26,726,218

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,150,599	6,150,599		
2 Grants and other assistance to domestic individuals See Part IV, line 22	658,680	658,680		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	98,213	98,213		
7 Other salaries and wages	1,242,712,923	1,127,994,361	114,267,800	450,762
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	141,411,437	128,358,354	13,053,083	
9 Other employee benefits	470,851,302	427,389,039	43,226,860	235,403
10 Payroll taxes	101,784,640	92,389,337	9,395,303	
11 Fees for services (non-employees)				
a Management	24,987,003	7,875,102	17,111,901	
b Legal	6,011,919	6,011,919		
c Accounting	336,131		336,131	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	903,243		903,243	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	245,989,902	219,781,526	26,208,376	
12 Advertising and promotion	1,957,110		1,923,007	34,103
13 Office expenses	34,841,418	31,162,098	3,663,593	15,727
14 Information technology	185,818,203	104,754,005	81,064,198	
15 Royalties	0			
16 Occupancy	66,250,612	63,649,132	2,601,480	
17 Travel	2,585,715	1,849,397	731,000	5,318
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,007,997	862,934	145,063	
20 Interest	60,804,404	60,804,404		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	280,740,332	246,742,661	33,997,671	
23 Insurance	31,380,906	22,241,354	9,139,552	
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	431,637,682	431,637,682		
b SYSTEM ALLOCATION FEE	258,469,102	148,163,533	110,212,246	93,323
c PURCHASED SERVICES	181,467,456	147,679,045	33,788,411	
d TAXES - UBI RELATED	739,052	9,758	729,294	
e All other expenses	305,212,099	290,968,993	14,221,812	21,294
25 **Total functional expenses.** Add lines 1 through 24e	4,084,808,080	3,567,232,126	516,720,024	855,930
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		5,686,239	2	6,053,048
	3	Pledges and grants receivable, net		212,161	3	202,555
	4	Accounts receivable, net		356,005,025	4	515,344,026
	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		39,697,404	8	60,721,460
	9	Prepaid expenses and deferred charges		19,718,305	9	15,849,164
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,261,246,929			
	b	Less accumulated depreciation	10b 2,573,402,532	3,696,745,063	10c	4,687,844,397
	11	Investments—publicly traded securities		108,295,944	11	106,993,333
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		16,303,728	13	29,546,604
	14	Intangible assets		2,980,359	14	4,565,324
	15	Other assets See Part IV, line 11		302,580,806	15	498,267,226
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,548,225,034	16	5,925,387,137
Liabilities	17	Accounts payable and accrued expenses		518,660,948	17	845,862,335
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,754,142,515	20	2,829,957,224
	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		29,543,214	25	46,391,708
	26	**Total liabilities.** Add lines 17 through 25		2,302,346,677	26	3,722,211,267
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		2,229,026,060	27	2,184,635,565
	28	Temporarily restricted net assets		16,852,297	28	15,784,319
	29	Permanently restricted net assets		0	29	2,755,986
		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		2,245,878,357	33	2,203,175,870
	34	Total liabilities and net assets/fund balances		4,548,225,034	34	5,925,387,137

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,118,847,505
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,084,808,080
3	Revenue less expenses Subtract line 2 from line 1	3	34,039,425
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,245,878,357
5	Net unrealized gains (losses) on investments	5	-9,425,461
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-67,316,451
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,203,175,870

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 94-0562680

Name: SUTTER BAY HOSPITALS

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER BECNEL DIRECTOR	2 0 2 0	X						0	0	0
DIANA BELL DIRECTOR	2 0 2 0	X						0	0	0
DAVID BLACK MD DIRECTOR	2 0 2 0	X						0	0	0
WILLIAM BRUNETTI DIRECTOR	2 0 2 0	X						0	0	0
RICHARD CARY HILL MD DIRECTOR	2 0 2 0	X						0	0	0
SAMUEL CHOI MD DIRECTOR	2 0 2 0	X						0	0	0
JAMES CONFORTI SH SVP/COO, ASST SECRETARY SBH	4 0 40 0	X		X				0	1,323,800	482,604
THEODORE DEIKEL DIRECTOR	2 0 2 0	X						0	0	0
EMIL ROY EISENHARDT DIRECTOR	2 0 2 0	X						0	0	0
ERIC FLOWERS DIRECTOR	2 0 2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OWEN GARRICK MD DIRECTOR	2 0 4 0	X						0	0	0
MICHAEL GAULKE DIRECTOR SH BOARD	2 0 12 0	X						0	27,500	0
JEFF GERARD PRES SBH/SH SVP STRAT(PT-YR)	4 0 40 0	X		X				0	1,316,875	340,849
KATHERINE HSIAO MD DIRECTOR	2 0 2 0	X						0	1,500	0
STEVEN KATZNELSON MD DIRECTOR	2 0 2 0	X						0	0	0
SARAH KREVANS PRES & CEO SH, ASST SEC SBH	4 0 40 0	X		X				0	2,850,301	1,935,821
RICHARD LEVY PHD CHAIR FINANCE & PLANNING	4 0 4 0	X		X				0	0	0
DENNIS O'CONNELL DIRECTOR	2 0 2 0	X						0	0	0
STEVEN OLIVER DIRECTOR	2 0 2 0	X						0	0	0
UMESH PADVAL DIRECTOR	2 0 2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN RYAN DIRECTOR	2 0 2 0	X						0	0	0
RON SINHA MD DIRECTOR	2 0 2 0	X						0	0	0
MARGARET TAYLOR DIRECTOR	2 0 3 0	X						0	0	0
JANE VARNER MD DIRECTOR	2 0 2 0	X						0	0	0
ANTHONY WAGNER CHAIR	4 0 8 0	X		X				0	0	0
JOHN GATES CFO, SH BAY AREA	2 0 40 0			X				0	912,557	101,036
KAREN HALL CLO, BAY AREA, SECRETARY	2 0 40 0			X				0	605,697	85,464
JULIE A PETRINI CEO, BAY AREA HOSPITALS	2 0 40 0			X				0	969,062	177,706
ANNE BARR VP, INFO & OPS INTEGRATION, SH	0 0 40 0				X			0	570,235	78,837
WARREN BROWNER MD CEO, CPMC	0 0 40 0				X			0	1,091,791	184,897

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN GRAY CEO, EMC	0 0 40 0				X			0	489,285	109,509
MAYNARD L JENKINS III SH VP, HR, BAY AREA	0 0 40 0				X			0	513,726	72,609
GERALD KOZAI CEO, ABSMC (PART-YEAR)	0 0 40 0				X			0	280,855	74,336
CYNTHIA LEE VP, STRATEGY & BUS DEV	0 0 40 0				X			0	571,661	79,609
CHARLES PROSPER CEO, ABSMC (PART-YEAR)	0 0 40 0				X			0	831,559	86,926
MICHAEL PURVIS CEO, SSRRH & NCH	0 0 40 0				X			0	571,607	109,833
DORI STEVENS CEO, SUTTER DELTA MEDICAL CTR	0 0 40 0				X			0	598,650	49,917
JANET A WAGNER CEO, MPHS	0 0 40 0				X			0	645,077	130,937
STEVEN R CUMMINGS EXEC DIR, SF COORDINATING CTR	40 0 0 0					X		503,018	0	34,920
TRACEY GAJDACS CLINICAL NURSE II	40 0 0 0					X		475,577	0	23,877

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN JEU PRESIDENT, CPMC FOUNDATION	40 0 8 0					X		428,111	0	41,766
ROBERT B MURPHY STAFF PHYSICIAN, COMM CLINIC	40 0 0 0					X		439,652	0	38,023
SAMAREH H RAD COORDINATOR, TRANSFER CTR RN	40 0 0 0					X		499,748	0	38,854
BRIAN ALEXANDER CEO, SRMC	0 0 40 0						X	0	523,023	94,395
MICHAEL COHILL FORMER CEO SMCS	0 0 0 0						X	0	605,821	0
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	0 0 40 0						X	0	1,196,023	200,743
VERNON GIANG MD CME, CPMC	0 0 40 0						X	0	512,317	57,925
THERESA C GLUBKA CEO, SSCD	0 0 40 0						X	0	683,911	116,280
RAJIT HUNDAL MD CME, MPHS	0 0 40 0						X	0	510,938	55,446
HAMILA KOWNACKI COO, CPMC	0 0 40 0						X	0	440,806	49,432

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY YU ..... CFO HOSPITAL - WEST BAY	0 0 ..... 40 0						X	0	508,085	62,053

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

The organization is not a private foundation because it is (For lines 1 through 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 **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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 line 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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 94-0562680

Name: SUTTER BAY HOSPITALS

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

Facts And Circumstances Test

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	97,476,962	92,793,529	83,834,470	76,169,704	56,482,750
b Contributions . . .	36,236,977	5,507,832	5,657,867	3,852,741	16,122,121
c Net investment earnings, gains, and losses	5,925,287	15,840,643	6,530,863	-4,742,895	3,568,844
d Grants or scholarships . . .	0	3,105,457	0	0	0
e Other expenditures for facilities and programs . . .	507,850	13,559,585	3,229,671	732,385	4,011
f Administrative expenses	0		0	0	0
g End of year balance	139,131,376	97,476,962	92,793,529	74,547,165	76,169,704

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

- a Board designated or quasi-endowment ▶ 35 930 %
- b Permanent endowment ▶ 51 230 %
- c Temporarily restricted endowment ▶ 12 840 %

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

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

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

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		240,751,233		240,751,233
b Buildings		3,674,200,353	1,722,619,263	1,951,581,090
c Leasehold improvements		63,762,832	29,022,832	34,740,000
d Equipment		1,031,445,738	773,310,809	258,134,929
e Other		2,251,086,773	48,449,628	2,202,637,145
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				4,687,844,397

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) OTHER RECEIVABLES	356,200,174
(2) INTERCOMPANY RECEIVABLES	121,001,209
(3) OTHER ASSETS	21,065,843
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	498,267,226

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	0
3RD PARTY SETTLEMENTS	26,690,516
INSURANCE LIABILITIES	11,897,940
OTHER LIABILITIES	7,803,252
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	46,391,708

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1B, COLUMN (B)	ON MARCH 1, 2018, SUTTER EAST BAY HOSPITALS MERGED INTO SUTTER BAY HOSPITALS THE 2018 CON TRIBUTIONS HAVE BEEN ADJUSTED TO REFLECT THE ENDOWMENTS HISTORICALLY HELD BY SUTTER EAST B AY HOSPITALS SCHEDULE D, PART V, LINE 4 INTENDED USE OF ENDOWMENT FUNDS THE FOLLOWING EN DOWMENTS ARE HELD AT MILLS-PENINSULA HOSPITAL FOUNDATION AND CALIFORNIA PACIFIC MEDICAL CE NTER FOUNDATION FOR THE BENEFIT OF SUTTER BAY HOSPITALS ELLIS PERMANENT ENDOWMENT INCOME TO BE USED TO PROVIDE SCHOLARSHIPS AND GRANTS TO NEEDY GIRLS SEEKING CAREERS IN MEDICAL AN D ALLIED FIELDS REID PERMANENT ENDOWMENT EARNINGS TO SUPPORT FREE BEDS, CLINICS, AND MEDI CAL SERVICES TO THE POOR AND NEEDY MALMQUIST PERMANENT ENDOWMENT - INCOME TO SUPPORT THE HOSPITAL'S HEALTH CARE SERVICES RELATED TO ARTHRITIS, UNTIL AND UNLESS SUCH A USE WOULD NO T BE POSSIBLE AT THE HOSPITALS, IN WHICH CASE, THE FOUNDATION'S BOARD OF TRUSTEES MAY CHOO SE ANOTHER USE FOR THE INCOME AND MAY, IF NECESSARY AND IN THE BEST INTERESTS OF THE HOSPI TALS EXPEND THE PRINCIPAL BARSHAD PERMANENT ENDOWMENT - INCOME TO BE USED TO BENEFIT THE SENIOR FOCUS PROGRAM COAKLEY PERMANENT ENDOWMENT - INCOME SHALL BE USED TO SUPPORT ANY PU RPOSE EXCEPT CONSTRUCTION OR GENERAL EXPENSES OF MILLS PENINSULA MEDICAL CENTER RAFFO PER MANENT ENDOWMENT - TO SUPPORT CANCER AND CARDIAC CARE, BUT NOT FOR ANIMAL RESEARCH RUPPAR T PERMANENT ENDOWMENT - INCOME USED TO SUPPORT PURPOSES DEEMED MOST APPROPRIATE BY THE BOA RD OF TRUSTEES OF MILLS PENINSULA HOSPITAL FOUNDATION AND THE PRINCIPAL IS TO BE MAINTAINE D IN ITS ENTIRELY DESIRED, BUT NOT MANDATORY IS THAT THE INCOME BE USED TO FUND CARE AND MAINTAIN THE SPECIAL CARE UNIT AND SHORT STAY SURGICAL RECOVERY UNIT ZIELINSKY PERMANENT ENDOWMENT - FUND INCOME, BUT NO PART OF THE PRINCIPAL OR APPRECIATION (REALIZED OR UNREALI ZED), SHALL BE USED TO FURTHER THE GENERAL OBJECTS AND PURPOSES OF THE MILLS PENINSULA HOS PITAL FOUNDATION MCKAY PERMANENT ENDOWMENT - INCOME ONLY (INTEREST), BUT NO PART OF THE F UND PRINCIPAL OR APPRECIATION (REALIZED OR UNREALIZED), SHALL BE USED TO FURTHER THE GENER AL OBJECTS AND PURPOSES OF MILLS PENINSULA HOSPITAL FOUNDATION DISTINGUISHED ENDOWED CHAI R IN CARDIOLOGY- QUASI ENDOWMENT - SUPPORT THE WORK OF CPMC'S ATRIAL FIBRILLATION & ARRHYT HMIA PROGRAM'S SR MEDICAL DIRECTOR PROGRAM IN MEDICINE & HUMANS QUASI-ENDOWMENT EARNINGS SUPPORT PROGRAMS IN MEDICINE & HUMAN VALUES ROSENBERG/NICHOLS OVARIAN/REPRODUCTIVE CANCE R QUASI-ENDOWMENT - ANNUAL RELEASE OF 5% WILL GO TO SUPPORT OVARIAN/REPRODUCTIVE CANCER RE COVERY PROGRAM GENERAL EXPENSES MCCLELLAND FUND - DIVISION OF CARDIOLOGY QUASI-ENDOWMENT - FOR THE GENERAL USE BY THE DIVISION OF CARDIOLOGY PAYDEN CENTER FOR MELANOMA RESEARCH & TREATMENT QUASI-ENDOWMENT - SUPPORT THE MELANOMA CENTER IN ITS EFFORTS WITH RESEARCH, EDU CATION, PATIENT CARE, SALARY SUPPORT & EQUIPMENT PURCHASE CHAIR IN MELANOMA RESEARCH AND TREATMENT QUASI-ENDOWMENT - SUPPORT THE MELANOMA CENTER IN EFFORTS WITH RESEARCH & EDUCATI ON, PATIENT CARE, SALARY SUPPO

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1B, COLUMN (B)	RT & EQUIPMENT PURCHASE RAY DOLBY CHAIR IN BRAIN HEALTH RESEARCH QUASI-ENDOWMENT - SUPPOR T A CHAIR AT THE CPMC RAY DOLBY BRAIN HEALTH CENTER CHAIR IN BREAST HEALTH SERVICES QUASI -ENDOWMENT - SUPPORT A CHAIR IN BREAST HEALTH SERVICES ST LUKE'S ENDOWMENT - TO SUPPORT ST LUKE'S GENERAL OPERATIONS H SMITH ENDOWED CHAIR ENDOWMENT - ENDOWED CHAIR AT CPMCRI WILLIAM GREENBACH ENDOWMENT - CANCER RESEARCH AT CPMCRI CANCER RESEARCH CPMCRI G BRUSH E NDOWMENT - CANCER RESEARCH AT CPMCRI M WILCOX ENDOWMENT - FOR EQUIPMENT, REFURBISHING OF ROOMS/ACCOMMODATIONS & FOR EDUCATION OF STAFF & PATIENTS RELATED TO CANCER RESEARCH BASS O-KLEISER/GUEST FUND IN CARDIOLOGY ENDOWMENT - SUPPORT A CHAIR IN CARDIOLOGY F GERBODE H EART RESEARCH ENDOWMENT - HEART RESEARCH HEART RESEARCH EDUCATIONAL ENDOWMENT - HEART RES EARCH, EDUCATION AND/OR PROGRAM DEVELOPMENT IN MEMORY OF RUTH MARY PRITCHARD JENKINS ENDO WMENT - SUPPORT THE CARE FOR CLERGY & THEIR FAMILIES IN THE HOSPITAL BIOETHICS ENDOWMENT - PROGRAM IN MEDICINE & HUMAN VALUES CPMC PMHV SENIOR SCHOLAR ENDOWMENT - SUPPORT RESEARC H, EDUCATION AND SCHOLARSHIP INITIATIVES IN CLINICAL ETHICS M HAIM ENDOWMENT - SUPPORT T HE MICHAEL HAIM, M D MEMORIAL LECTURE IN DERMATOLOGY, SUBJECT CHOSEN BY THE CHIEF OF DEPA RTMENT J GAMBLE TEACHING ENDOWMENT - DEPARTMENT OF MEDICINE TEACHING FUND NOBLE ENDOWED CHAIR - SUSTAIN & ENHANCE EDUCATION OF RESIDENTS, WHILE CONTRIBUTING TO THE EXCELLENCE OF PATIENT CARE THROUGH AN ENDOWED CHAIR CPMCF BROTHERTON PERINATAL MENTAL HEALTH ENDOWMENT - TO FUND PERINATAL MENTAL HEALTH CARE AT CPMC'S VALENCIA AND CESAR CHAVEZ CAMPUS CPMCRI C&A FINLEY ENDOWED CHAIR NEURO RESEARCH - ENDOWED CHAIR AT CPMCRI WATKINS BURBANK LOAN & SCHOLARSHIP ENDOWMENT - TO SUPPORT THE NURSING EDUCATION ACTIVITIES AT ST LUKE'S JOHN N CALLANDER ORTHOPEDIC ENDOWMENT - PRIORITY NEEDS OF THE CPMC'S ORTHOPEDIC DEPARTMENT C H UGHEY TRUST ENDOWMENT - SUPPORT PATIENT CARE FOR CRIPPLED CHILDREN'S PROGRAM CPMC A MORR ISON CHILD DEVELOPMENT ENDOWMENT - GENERAL USE FOR THE CHILD DEVELOPMENT DEPARTMENT CMPCF TAKAHASHI SENIOR SERVICE ENDOWMENT - TOMOYE TAKAHASHI ENDOWMENT FUND TO BENEFIT SENIOR SE RVICES MARGARET H PAGE ENDOWMENT - PROGRAM AND CAPITAL SUPPORT ST LUKE'S ENDOWMENT - T O SUPPORT ST LUKE'S GENERAL OPERATIONS SF POLYCLINIC ENDOWMENT - PROVIDE CARE OF MEDICAL LY INDIGENT PATIENTS AND SUBSIDIZE PROGRAMS OF INTEREST TO THE PRIMARY PHYSICIAN THERE IS AN ENDOWMENT THAT WAS DONATED IN THE 1900'S BY SISTER GARCELN OF SAMUEL MERRITT FOR PEOPL E WHO ARE NOT INSURED ADDITIONALLY, ENDOWMENTS ARE HELD FOR THE BENEFIT OF SUTTER BAY HOS PITALS BY BETTER HEALTH EAST BAY FOUNDATION, A FUNDRAISING FOUNDATION SCHEDULE D, PART X, LINE 2 ASC 740 FOOTNOTE FROM AUDIT THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIA L SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS SUTTER HEALTH, THE LEGAL ENTITY, AND MANY AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT OR GANIZATIONS BY THE INTERNAL RE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1B, COLUMN (B)	VENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD AND GENERALLY ARE NOT SUBJECT TO TAXE S ON INCOME CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIV ITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS WITH RESPECT TO ITS TA XABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFE RRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANC IAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECT ED TO BE REALIZED OR SETTLED SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIO NS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINA TION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFI T 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 2015 THROUGH 2017 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 OPE RATING EXPENSES AT DECEMBER 31, 2018 AND 2017, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS 2017, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

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

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

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CATWALK (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	427,643	276,689	73,185	777,517
	2 Less Contributions	250,393	205,039	55,140	510,572
	3 Gross income (line 1 minus line 2)	177,250	71,650	18,045	266,945
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	24,360	28,513	12,235	65,108
	7 Food and beverages	65,766	13,182	17,382	96,330
	8 Entertainment	480	1,400		1,880
	9 Other direct expenses	17,583	8,842	9,933	36,358
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				199,676
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				67,269

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			36,720	36,720
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			4,690	4,690
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 75 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,690
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				32,030

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	33 000 %
b An outside facility	**13b**	66 000 %

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

Name ▶ SEE SCH G PART IV

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ SEE SCH G PART IV

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 33,048

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

Return Reference	Explanation
SCHEDULE G, PART III, LINE 14	NAME EVA VATHIS NAME CYNTHIA GREGORY ADDRESS 30 MARK WEST SPRINGS RD ADDRESS NOVATO COMMUNITY HOSPITAL SANTA ROSA, CA 95403 180 ROWLAND WAY NOVATO, CA 94945
SCHEDULE G, PART III, LINE 16	NAME EVA VATHIS SERVICES PROVIDED COORDINATES SUTTER GOLF INVITATIONAL, CATWALK FOR A CURE GAMING COMPENSATION $0 POSITION EMPLOYEE OF SUTTER BAY HOSPITALS NAME CYNTHIA GREGORY SERVICES PROVIDED COORDINATES NCH GOLF EVENT GAMING COMPENSATION $533 POSITION EMPLOYEE OF SUTTER BAY HOSPITALS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 400 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			47,132,675	0	47,132,675	1 150 %
b Medicaid (from Worksheet 3, column a)			924,131,526	730,750,161	193,381,365	4 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			32,932,441	20,987,578	11,944,863	0 290 %
d **Total** Financial Assistance and Means-Tested Government Programs			1,004,196,642	751,737,739	252,458,903	6 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	81	80,907	8,393,800	523,835	7,869,965	0 190 %
f Health professions education (from Worksheet 5)	22	490	40,800,802	6,739,998	34,060,804	0 830 %
g Subsidized health services (from Worksheet 6)	39	63,926	109,143,762	73,297,475	35,846,287	0 880 %
h Research (from Worksheet 7)	2	132	17,561,067	11,081,656	6,479,411	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	110	59,049	17,674,022	163,293	17,510,729	0 430 %
j **Total.** Other Benefits	254	204,504	193,573,453	91,806,257	101,767,196	2 490 %
k **Total.** Add lines 7d and 7j	254	204,504	1,197,770,095	843,543,996	354,226,099	8 670 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3	495	18,005		18,005	
4 Environmental improvements	2		564		564	
5 Leadership development and training for community members						
6 Coalition building	1		12,813		12,813	
7 Community health improvement advocacy	2		11,250		11,250	
8 Workforce development	7	335	135,162	16,000	119,162	
9 Other						
10 Total	15	830	177,794	16,000	161,794	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2		
3	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	831,389,470
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,017,223,892
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-185,834,422
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SF Endoscopy LLC	MEDICAL SERVICES	51 %	0 %	47 2 %
2	SL SURGERY CENTER	MEDICAL SERVICES	45 03 %	0 %	46 5 %
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? **19**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ 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	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE 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	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

B

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

B

Name of hospital facility or letter of facility reporting group _____

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

C

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

C

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

C

Name of hospital facility or letter of facility reporting group

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

C

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group EDEN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SUTTER SANTA ROSA REGIONAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 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?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ 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	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE 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	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ 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	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE 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	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 16

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) 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, SECTION C			
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)			

Part V Facility Information *(continued)*

Billing and Collections

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

		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	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

		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**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? **46**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINES 3A & 3C	FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION THE ORGANIZATION HAS A HIGH MEDICAL COST CHARITY CARE CATEGORY IN WHICH A WRITE OFF OF THE PATIENT RESPONSIBILITY FOR HOSPITAL SERVICES CAN OCCUR IF THE INSURED PATIENT HAS FAMILY INCOME AT OR BELOW 400% FPG AND EXPENSES INCURRED FOR THEMSELVES OR THEIR FAMILY EXCEED 10% OF THE PATIENTS FAMILY INCOME SCHEDULE H, PART I, LINE 3B SUTTER BAY HOSPITALS IS COMMITTED TO PROVIDING CHARITY CARE AND THEREFORE, PROVIDES FREE CARE AT HIGH PERCENTAGE OF FPG THE ORGANIZATION DOES NOT PROVIDE DISCOUNTED CARE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	CALIFORNIA PACIFIC MEDICAL CENTER THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS $36,319,737

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES CALIFORNIA PACIFIC MEDICAL CENTER CALIFORNIA PACIFIC MEDICA L CENTER (CPMC) FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE OF HEALTH PR OBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COM MUNITY-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 2018, 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 PURS UE HEALTH CAREERS THEY INCLUDE 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 AC UTE CARE MEDICAL CENTER CPMC ALSO PROVIDES SIX-WEEK SUMMER INTERNSHIPS FOR GALILEO STUDEN TS TO GAIN EXPERIENCE WORKING IN A HOSPITAL ENVIRONMENT CPMC CONTRIBUTES TO IMMACULATE CO NCEPTION ACADEMY WORK STUDY PROGRAM, WHICH PROVIDES A COLLEGE PREPARATORY EDUCATION WITH M EANINGFUL WORK STUDY EXPERIENCE TO STUDENTS COMING FROM FAMILIES WITH LIMITED FINANCIAL ME ANS CPMCS CHILD DEVELOPMENT CENTER IS PART OF THE FIRST 5 CALIFORNIA COALITIONS FIRST 5 CALIFORNIA REPRESENTS AN IMPORTANT PART OF OUR STATES EFFORT TO NURTURE AND PROTECT OUR MO ST PRECIOUS RESOURCE OUR CHILDREN FIRST 5 CALIFORNIAS SERVICES AND SUPPORT ARE DESIGNED T O 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 SERVI CE EMPLOYMENT PROGRAM IS THE NATIONS OLDEST PROGRAM TO HELP LOW INCOME, UNEMPLOYED INDIVID UALS 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 PR EPARE 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 INFOR MED DECISION-MAKING ABOUT POST COLLEGE OPPORTUNITIES CPMCS COMMUNITY BUILDING ACTIVITIES ALSO INCLUDE SUPPORTING LEADERSHIP AND CIVIC DEVELOPMENT TRAINING AND COALITION BUILDING A CTIVITIES THROUGH SPONSORSHIPS AND MEMBERSHIPS MILLS PENINSULA MEDICAL CENTER MILLS PENIN SULA MEDICAL CENTER DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT IN 2018 SUTT ER MATERNITY & SURGERY CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUS E OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALS O KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH THE ENVIRONMENTAL AWARENESS PROGRA M AT SUTTER MATERNITY & SURGERY CENTER FOCUSES ON REDUCTION OF COMMUNITY ENVIRONMENTAL HAZ ARDS ALONG WITH THE SHARING IN HEALTH CARE FACILITY ENVIRONMENTAL RESPONSIBILITY, WHICH IN CLUDES WASTE REDUCTION, GREEN PURCHASING AND OTHER ECOLOGY INITIATIVES EDEN MEDICAL CENTE R EDEN MEDICAL CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE OF HEA LTH 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 OFFERIN G THE EXPERTISE AND RESOURCES OF SUTTER HEALTH YOUTH BRIDGE IS A YEAR-ROUND CAREER DEVELO PMENT PROGRAM FOR STUDENTS FROM 6TH GRADE THROUGH COLLEGE THAT EMPOWER AT-RISK EAST BAY YO UTH TO COMPLETE HIGH SCHOOL, GAIN MEANINGFUL EMPLOYMENT EXPERIENCE, LEARN ABOUT HEALTH-REL ATED 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 ENCOURA GING AND SUPPORTING THESE CHILDREN IN THEIR TRANSITION FROM ADOLESCENCE TO ADULTHOOD EDEN MEDICAL CENTER PROVIDES FUNDING TO COMMUNITY SUPPORT GROUPS SUTTER SANTA ROSA REGIONAL H OSPITAL SUTTER SANTA ROSA REGIONAL HOSPITAL DID NOT HAVE ANY COMMUNITY BUILDING TO REPORT IN 2018 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 I N THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS H ELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH NOV ATO COMMUNITY HOSPITAL SUPPORTS THE NOVATO FOUNDATION FOR PUBLIC EDUCATION SUTTER LAKESID E HOSPITAL SUTTER LAKESIDE HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROO T CAUSE OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERV E (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) T

Form and Line Reference	Explanation
SCHEDULE H, PART II	HESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUT TER HEALTH SUTTER LAKESIDE HOSPITAL SUPPORTS WORKFORCE DEVELOPMENT THROUGH VOLUNTEER PROG RAM ADMINSTRATION ALTA BATES SUMMIT MEDICAL CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COM MUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPO RT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH YOUTH BRIDGE , A PROGRAM OF ALTA BATES SUMMIT MEDICAL CENTER, IS A YEAR-ROUND CAREER DEVELOPMENT PROGRA M FOR STUDENTS FROM 6TH GRADE THROUGH COLLEGE THAT EMPOWER AT-RISK EAST BAY YOUTH TO COMPL ETE 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 27 YEARS AGO, WITH THE GOAL OF ENCOURAGING AND SUP PORTING THESE CHILDREN IN THEIR TRANSITION FROM ADOLESCENCE TO ADULTHOOD SUTTER DELTA MED ICAL CENTER DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT IN 2018

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B - BAD DEBT	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 EFFECTIVE JANUARY 1, 2018, SUTTER ENTITIES IMPLEMENTED THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS UPDATE (ASU), REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) THE ACCOUNTING CHANGE MODIFIED BAD DEBT REPORTING, AND AS A RESULT, BAD DEBT IS ONLY REPORTED IN LIMITED SITUATIONS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	DEBT COLLECTION POLICY COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF FEDERAL AND CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE AT DISCHARGE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 210 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	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 ASSESSMENT REFERENCED ALTA BATES SUMMIT MEDICAL CENTER (REPORTING GROUP C) THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED SUTTER DELTA MEDICAL CENTER (REPORTING GROUP C) THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 2018 COMMUNITY HEALTH NEEDS 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 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 THE 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 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 SUMMARY OF THE FINANCIAL ASSISTANCE POLICY E INFORMATION PROVIDE 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 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 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 FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION CALIFORNIA PACIFIC MEDICAL FOUNDATION (REPORTING GROUP A) THE HOSP ITAL SERVICE AREA FOR CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULATIONS RESIDING IN THE CITY AND COUNTY OF SAN FRANCISCO THERE ARE 13 HOSPITALS IN SAN FRANCISCO COUNTY S AN FRANCISCO IS THE CULTURAL AND COMMERCIAL CENTER OF THE BAY AREA AND IS THE ONLY CONSOLI DATED CITY AND COUNTY JURISDICTION IN CALIFORNIA AT ROUGHLY 47 SQUARE MILES, IT IS THE SM ALLEST COUNTY IN THE STATE, BUT IS THE MOST DENSELY POPULATED LARGE CITY IN CALIFORNIA (WI TH A POPULATION DENSITY OF 18,187 RESIDENTS PER SQUARE MILE) AND THE SECOND MOST DENSELY P OPULATED MAJOR CITY IN THE U S , AFTER NEW YORK CITY BETWEEN 2010 AND 2014, THE POPULATIO N IN SAN FRANCISCO GREW BY 5 PERCENT TO 845,602, OUTPACING POPULATION GROWTH IN CALIFORNIA (3 9 PERCENT) BY 2030, SAN FRANCISCOS POPULATION IS EXPECTED TO TOTAL NEARLY 970,000 TH E PROPORTION OF SAN FRANCISCOS POPULATION THAT IS 65 YEARS AND OLDER IS EXPECTED TO INCREA SE 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 EST IMATED THAT THE PROPORTION OF WORKING AGE RESIDENTS (25 TO 64 YEARS OLD) WILL DECREASE FRO M 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 B EEN A STEEP INCREASE IN THE ASIAN AND PACIFIC ISLANDER POPULATION AND A DECREASE IN THE BL ACK/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 CO NTINUE TO DROP THE WHITE POPULATION IS EXPECTED TO CONTINUE TO INCREASE IN NUMBERS, BUT W ILL DECREASE AS A PERCENTAGE OF THE TOTAL POPULATION CURRENTLY, ABOUT ONE THIRD OF SAN FR ANCISCOS POPULATION IS FOREIGN BORN AND 23 PERCENT OF RESIDENTS SPEAK A LANGUAGE OTHER THA N ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL " THE MAJORITY OF THE FOREIGN-BOR N POPULATION COMES FROM ASIA (64 PERCENT), WHILE 20 PERCENT WERE BORN IN LATIN AMERICA, MA KING CHINESE (MANDARIN, CANTONESE, AND OTHER) (18 PERCENT) AND SPANISH (12 PERCENT) THE MO ST COMMON NON-ENGLISH LANGUAGES SPOKEN IN THE CITY ALTHOUGH SAN FRANCISCO HAS A RELATIVEL Y 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 FRA NCISCO WAS HOME TO 58,000 FAMILIES WITH CHILDREN, 29 PERCENT OF WHICH WERE HEADED BY SINGL E PARENTS THERE WERE APPROXIMATELY 114,000 CHILDREN UNDER THE AGE OF 18 ALTHOUGH THE OVE RALL NUMBER OF CHILDREN UNDER 18 DECREASED BY 7 PERCENT IN THE LAST 20 YEARS, THE NUMBER O F SCHOOL-AGED CHILDREN IS PROJECTED TO RISE BY 28 PERCENT BY 2020 FOR A FAMILY OF FOUR, T HE 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 POVER TY IN SAN FRANCISCO, THERE IS SIGNIFICANT INEQUALITY IN HOUSEHOLD INCOME BETWEEN RACES W HITE HOUSEHOLD MEDIAN INCOME IS OVER $100,000, WHILE BLACK/AFRICAN AMERICAN HOUSEHOLD MEDI AN INCOME IS $30,000 THE NEIGHBORHOODS WITH THE GREATEST PROPORTION OF HOUSEHOLDS WITH CH ILDREN 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 SE RVICE AREA IS AVAILABLE IN THE CALIFORNIA PACIFIC MEDICAL CENTER CHNA AT HTTPS //WWW SUTT ERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T REPORTING GROUP B MILLS PENI NSULA MEDICAL CENTER (MPMC) AND MENLO PARK SURGICAL CENTER (MPSC) THE HOSPITAL SERVICE AR EA OF MPMC AND MPSC IS DEFINED AS SAN MATEO COUNTY (SMC) THERE ARE FIVE HOSPITALS IN SAN MATEO COUNTY SPREADING OVER 744 SQUARE MILES, SAN MATEO COUNTY IS LOCATED ON THE SAN FRAN CISCO PENINSULA IT CONTAINS 20 CITIES AND TOWNS, AND IS BORDERED BY THE CITY OF SAN FRANC ISCO 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, FISHI NG, SMALL BUSINESS AND TOURISM ACCORDING TO THE US CENSUS THE ESTIMATED POPULATION IN 201 4 WAS 744,581 THE COUNTYS 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, WH ILE 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, T HE ASIAN/PACIFIC ISLANDER AND HISPANIC SENIORS WILL COMPRISE THE LARGEST PROPORTION OF SEN IORS SMC IS ALSO BECOMING INCREASINGLY DIVERSE THE US CENSUS ESTIMATES THAT BY 2050, THE WHITE POPULATION WILL DROP FROM 43% TO 22%, THE L

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	ATINO 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 A LL 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 AN NUALLY TO MEET THE FAMILYS 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 CALIFORNIAN S AGED 18-64 YEARS OLD ACCORDING TO DATA CITED BY THE CALIFORNIA HEALTHCARE FOUNDATION TH E 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 POS SIBLE 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 E LIGIBLE FOR COVERED CA AND WITHOUT SMCS SUBSIDY THE CARE OFFERED THROUGH COVERED CA IS UNA FFORDABLE 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 A MONG 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 PENIN SULA MEDICAL CENTERS CHNA AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-N EEDS-ASSESSMEN T SUTTER MATERNITY & SURGERY SANTA CRUZ (REPORTING GROUP B) BASED ON ANALY SIS OF PATIENT DISCHARGE DATA, SMSCS SERVICE AREA IS CONSIDERED TO BE SANTA CRUZ COUNTY S ANTA 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 A RE 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 6 3,789 AS OF JANUARY 2015 AS OF JANUARY 2015, THE CITY OF WATSONVILLE HAD AN ESTIMATED POP ULATION OF 52,087 THE COUNTY IS 58% WHITE AND 33% LATINO WITH THE REMAINDER OF THE POPULA TION COMPRISED OF ASIAN, AFRICAN AMERICAN AND OTHER ETHNIC BACKGROUNDS THE COUNTY HAS A R ELATIVELY MATURE POPULATION WITH 52% OF THE RESIDENTS AGES 35 OR OLDER MEDIAN FAMILY INCO ME WAS $80,788 IN SANTA CRUZ COUNTY IN 2014, HIGHER THAN IN CALIFORNIA ($71,015) AND THE N ATION 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 PERCENTAGE S BY AGE GROUP LIVED BELOW THE POVERTY LEVEL 21% UNDER 18 YEARS OF AGE, 17 4% 18 TO 64 YE ARS 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 CENTERS CHNA AT HTTPS //WWW S UTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T REPORTING GROUP C ALTA BA TES SUMMIT MEDICAL CENTER (ABSMC) THE ABSMC IS LOCATED IN THE EAST BAY AREA OF THE SAN FRA NCISCO BAY THE THREE CAMPUSES PRIMARILY EXIST IN THE MAJOR METROPOLITAN AREAS OF BERKELEY , OAKLAND, AND EMERYVILLE, CALIFORNIA, LOCATED IN ALAMEDA COUNTY THE LARGER COMMUNITY SER VED BY THE ABSMC WAS DEFINED USING ZIP CODE BOUNDARIES THE HOSPITAL SERVICE AREA (HSA) IN CLUDED A GEOGRAPHIC AREA COMPRISED OF 24

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF TH E PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AN D EXCELLENCE IN HEALTH CARE SERVICES " SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY - BUILD ING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND G OVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROV EMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND - PRO VIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS CALIFORNI A PACIFIC MEDICAL CENTER (REPORTING GROUP A) THE 2016 2018 IMPLEMENTATION STRATEGY FOR CA LIFORNIA 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 CPMCS AFRICAN AME RICAN BREAST HEALTH PROJECT AND SISTER TO SISTER PROGRAMS OFFER WOMEN MAMMOGRAPHY SCREENIN G AND ALL THE SUBSEQUENT BREAST HEALTH DIAGNOSTIC TESTING AND TREATMENT THEY MAY NEED AT N O COST PARTNERING ORGANIZATIONS SUCH AS HEALTHRIGHT 360, SAN FRANCISCO FREE CLINIC, CLINI C BY THE BAY, AND THE SAN FRANCISCO CHAPTER OF THE NATIONAL COALITION OF 100 BLACK WOMEN R EFER UNINSURED, UNDERINSURED, DISADVANTAGED AND AT-RISK WOMEN FOR MAMMOGRAPHY SERVICES IN 2018, THE PROGRAM PROVIDED 516 PATIENT VISITS AND 283 MAMMOGRAMS AND OTHER DIAGNOSTIC SCR EENINGS CPMCS BREAST CENTER AT THE ST LUKES/MISSION BERNAL 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 CPMCS GRANT TO LATINA BREAST CANCER AGENCY, ONE OF THE PRINCIPLE ORGANIZATIONS REFERRING WOMEN TO THE ST LUKES/MISSION BERNAL BREAST CENTER FOR SERVICES, AS WELL AS A GRANT TO SHANTI PROJECT FO R CARE NAVIGATION SERVICES IN 2018, 516 PATIENT VISITS WERE PROVIDED THE COMMUNITY HEALT H RESOURCE CENTER (CHRC) COLLABORATES WITH OVER 20 DIFFERENT HEALTH CARE CENTERS IN SAN FR ANCISCO, PROVIDING SUPPORTIVE SERVICES TO THOUSANDS OF CLIENTS THROUGH THE MANY FREE OR LO W-COST PROGRAMS, SCREENINGS AND COUNSELING SERVICES THAT ARE AVAILABLE TO ANYONE IN THE CO MMUNITY PROGRAMS INCLUDE DIETITIANS, SOCIAL WORK COUNSELING, NUTRITION GUIDANCE, COMMUNIT Y HEALTH SCREENINGS, EDUCATIONAL LECTURES INCLUDING MONTHLY WELLNESS EVENTS, HEALTH INFORM ATION AND LOCAL RESOURCES, EMPLOYEE AND GROUP WELLNESS PRESENTATIONS, AND SUPPORT GROUPS IN 2018, CHRC SERVED 300 PATIENTS AND SECURED 3,710 APPOINTMENTS FOR BEHAVIORAL HEALTH/SOC IAL 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 PUBLICALLY INSURED A ND UNINSURED POPULATIONS, AND MAKING THOSE SERVICES CULTURALLY AND LINGUISTICALLY APPROPRI ATE IN 2018, APPROXIMATELY 35,047 PEOPLE WERE SERVED THROUGH SUPPORT OFFERED TO 15 COMMUN ITY BASED ORGANIZATIONS FOCUSED ON ADDRESSING ACCESS TO CARE HEALTHFIRST, A CENTER FOR HE ALTH EDUCATION AND DISEASE PREVENTION AFFILIATED WITH ST LUKES/MISSION BERNAL HEALTH CARE CENTER, SERVES PATIENTS IN CHRONIC DISEASE MANAGEMENT BY INTEGRATING COMMUNITY HEALTH WOR KERS (CHWS) INTO THE MULTIDISCIPLINARY HEALTH CARE TEAM IN 2018, 712 PATIENTS WERE SERVED , 100% OF ASTHMA PATIENTS HAD UP-TO-DATE ASTHMA ACTIONS PLANS, WHICH ARE UPDATED AT LEAST ANNUALLY 89% OF PATIENTS HAD THEIR A1C LEVEL CONTROLLED (<9%) JOINT VENTURE HEALTH (JVH) IS A PARTNERSHIP BETWEEN UC BERKELEY SCHOOL OF PUBLIC HEALTH, NORTH EAST MEDICAL SERVICES (NEMS), AND CPMC CPMCS CONTRIBUTION SUPPORTS THE CREATION OF A COST-EFFECTIVE, COMPREHEN SIVE 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 2018, SERVICES WERE EXPANDED TO ADDITIONAL NEMS CLINICS IN SAN FRANCISCO OF THE CHILDREN SCREENED IN 20 18, 10,891 SCREENINGS PROVIDED, 16% WERE AT MODERATE TO HIGH RISK FOR DEVELOPMENTAL DELAYS AND PSYCHOSOCIAL ISSUES ALL WERE CONNECTED TO APPROPRIATE RESOURCES AND EARLY INTERVENTI ON CPMCS KALMANOVITZ CHILD DEVELOPMENT CENTER PROVIDES DIAGNOSIS, EVALUATION, TREATMENT A ND COUNSELING FOR CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAUSED BY PREMATURITY, AUTISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDR OME, ATTENTION DEFICIT DISORDER, OR CEREBRAL PALSY BESIDES OPERATING ITS OWN CLINICS, KCD C ALSO EXTENDS ITS SERVICES TO A LARGE NUMBER OF AT-RISK CHILDREN AND BRINGS SERVICES TO T HEM IN THEIR COMMUNITY BY PARTNERING WITH LOCAL SC

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	HOOLS AND OTHER COMMUNITY ORGANIZATIONS IN 2018, 15,189 CLINIC VISITS WERE PROVIDED LION S EYE FOUNDATION AND CPMC PARTNER TOGETHER TO PROVIDE HIGHLY SPECIALIZED EYE CARE PROCEDUR ES FREE OF CHARGE TO PEOPLE WITHOUT INSURANCE OR FINANCIAL RESOURCES IN 2018, 2,211 DIAGN OSTIC TESTS WERE PERFORMED, 202 PATIENTS UNDERWENT GENERAL SURGICAL PROCEDURES AND 166 HAD LASER SURGERY A KEY PART OF CPMCS MEDI-CAL PROGRAM IS THE MEDI-CAL MANAGED CARE PARTNERS HIP 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 SERVI CES, HOSPITAL-BASED SPECIALTY AND ANCILLARY SERVICES, AND EMERGENCY CARE CPMC ALSO PROVID ES ACCESS TO QUALITY SERVICES AT THE ST LUKES/MISSION BERNAL CAMPUS FOR PATIENTS WHO SELE CT HILL PHYSICIANS OR BROWN & TOLAND AS THEIR MEDICAL GROUP THROUGH SAN FRANCISCO HEALTH P LAN IN 2018, CPMC SERVED ONE-THIRD OF SFHPS TOTAL MEMBERSHIP, WHO OTHERWISE MAY HAVE FACE D DIFFICULTIES IN ACCESSING A COMPREHENSIVE, COORDINATED CARE NETWORK CPMC PARTNERS WITH OPERATION ACCESS AND THE SAN FRANCISCO ENDOSCOPY CENTER TO PROVIDE ACCESS TO DIAGNOSTIC SC REENINGS, SPECIALTY PROCEDURES, AND SURGICAL CARE AT NO COST FOR UNINSURED BAY AREA PATIEN TS WHO HAVE LIMITED FINANCIAL RESOURCES CPMC PHYSICIANS VOLUNTEER THEIR TIME TO PROVIDE T HESE FREE SURGICAL SERVICES, WHILE THE HOSPITAL DONATES THE USE OF ITS OPERATING ROOMS CP MC ALSO PROVIDES A GRANT TO SUPPORT OPERATION ACCESSS OPERATING COSTS IN 2018, CPMC PROVI DED 56 OR PROCEDURES, 63 GI PROCEDURES, 30 RADIOLOGY PROCEDURES AND 19 SPECIALIST EVALUATI ONS PATIENT SURVEYS SHOWED 97% VERY SATISFIED OR SATISFIED WITH THEIR EXPERIENCE, 93% RE PORTED IMPROVED HEALTH, ABILITY TO WORK AND QUALITY OF LIFE AS PART OF CPMCS HEALTH PROFE SSIONS EDUCATION PROGRAM, CPMC PSYCHIATRY RESIDENTS PROVIDE SERVICES ONE DAY PER WEEK TO P ATIENTS IN NEED OF BEHAVIORAL HEALTH SERVICES AT COMMUNITY-BASED ORGANIZATIONS AND PUBLIC INSTITUTIONS, INCLUDING HEALTHRIGHT 360, JEWISH HOME, AND SAN QUENTIN PRISON IN 2018, PSY CH RESIDENTS PROVIDED FREE SERVICES AS FOLLOWS, 900 PATIENT ENCOUNTERS AT SF FREE CLINIC, HEALTHRIGHT 360 AND THROUGH TELEPSYCHIATRY FOR SAN QUENTIN PRISON SAN FRANCISCO CHILD ABU SE PREVENTION CENTER AND ITS CHILD ADVOCACY CENTER ENDEAVOR TO PREVENT CHILD ABUSE AND RED UCE ITS DEVASTATING IMPACT BY PROVIDING SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES, EDUC ATION FOR CHILDREN, CAREGIVERS AND SERVICE PROVIDERS, AND THROUGH ADVOCACY FOR SYSTEMS IMP ROVEMENT AND COORDINATION IN 2018, THE CAC HAD 12,100 ENCOUNTERS AND 7,582 INDIVIDUALS PA RTICIPATED IN SAFER AWARENESS CLASSES SOUTH OF MARKET BAYVIEW CHILD HEALTH CENTER (BCHC) OFFERS ROUTINE PREVENTATIVE AND URGENT PEDIATRIC CARE IN ONE OF SAN FRANCISCOS MOST MEDICA LLY UNDERSERVED NEIGHBORHOODS, AND ADDRESSES PREVALENT COMMUNITY HEALTH ISSUES SUCH AS WEI GHT CONTROL AND ASTHMA MANAGEMENT BCHC FOCUSES ON KEEPING INFANTS, CHILDREN AND ADOLESCEN TS HEALTHY, AND ON CLOSELY MANAGING THEIR CARE WHEN THEY ARE ILL IN 2018 THE CENTER PROVI DED 2,503 ENCOUNTERS, WITH 769 CONNECTED TO A PRIMARY CARE PHYSICIAN MILLS PENINSULA MEDI CAL CENTER (REPORTING GROUP B) THE 2016 - 2018 IMPLEMENTATION STRATEGY FOR MILLS PENINSUL A MEDICAL CENTER DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PR IORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW OF TH OSE 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 CLI NIC) USING A MID-LEVEL PRACTITIONER AS THE PRIMARY CARE PROVIDER, THE TEAM WORKS WITH THE CLINICS' ESTABLISHED PRIMARY CARE TEAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF HOSPITALS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO CARE FOR MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WERE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS THE HOSPITALS 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, WERE 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 NEARLY $4 BILLION TO CARE FOR PATIENTS WHO COULDNT AFFORD TO PAY, AND TO SUPPORT PROGRAMS THAT IMPROVE COMMUNITY HEALTH OUR 2018 COMMITMENT OF $734 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 2018, SUTTER HEALTH INVESTED $435 MILLION MORE THAN THE STATE PAID TO CARE FOR MEDI-CAL PATIENTS MEDI-CAL ACCOUNTED FOR NEARLY 19 PERCENT OF SUTTER HEALTHS GROSS PATIENT SERVICE REVENUES IN 2018 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 CHILDRENS HEALTH CENTERS, FOOD BANKS, YOUTH EDUCATION, JOB TRAINING PROGRAMS AND SERVICES THAT PROVIDE COUNSELING TO DOMESTIC VIOLENCE VICTIMS EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESS REAL COMMUNITY NEEDS FOR MORE FACTS AND INFORMATION VISIT WWW SUTTERHEALTH ORG

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **19** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ALTA BATES SUMMIT MEDICAL CENTER 350 HAWTHORNE AVENUE OAKLAND, CA 94609 WWW ALTABATESSUMMIT ORG LICENSE #140000284	X	X					X			C
2	ALTA BATES CAMPUS 2450 ASHBY AVENUE BERKELEY, CA 94705 WWW ALTABATESSUMMIT ORG LICENSE #140000004	X	X					X			C
3	CPMC - PACIFIC CAMPUS 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115 WWW CPMC ORG LICENSE #220000197	X	X					X			A
4	CPMC - CALIF WEST CAMPUS 3700 CALIFORNIA STREET SAN FRANCISCO, CA 94118 WWW CPMC ORG LICENSE #220000197	X	X					X			A
5	MILLS PENINSULA MEDICAL CENTER 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 WWW MILLS-PENINSULA ORG LICENSE #220000037	X	X					X		OUTPATIENT SERVICES	B

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **19** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	CPMC - ST LUKE'S CAMPUS 3555 CESAR CHAVEZ STREET SAN FRANCISCO, CA 94110 WWW CPMC ORG LICENSE #220000070	X	X					X			A
7	CPMC - DAVIES CAMPUS 601 DUBOCE AVENUE SAN FRANCISCO, CA 94117 WWW CPMC ORG LICENSE #220000197	X	X					X			A
8	SUTTER DELTA MEDICAL CENTER 3901 LONE TREE WAY ANTIOCH, CA 94509 WWW SUTTERDELTA ORG LICENSE #140000258	X	X					X			C
9	EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 WWW EDENMEDICALCENTER ORG LICENSE #140000030	X	X					X		OUTPATIENT SERVICES	
10	CPMC - MISSION BERNAL CAMPUS 3555 CESAR CHAVEZ STREET SAN FRANCISCO, CA 94110 WWW ALTABATESSUMMIT ORG LICENSE #220000070	X	X					X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **19** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
11	SUTTER SANTA ROSA REGIONAL HOSPITAL 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403 WWW SUTTERSANTAROSA ORG LICENSE #110000005	X	X					X			
12	SUMMIT CAMPUS 3100 SUMMIT STREET OAKLAND, CA 94609 WWW ALTABATESSUMMIT ORG LICENSE #140000284	X	X					X			C
13	ALTA BATES - HERRICK CAMPUS 2001 DWIGHT WAY BERKELEY, CA 94704 WWW ALTABATESSUMMIT ORG LICENSE #140000004	X	X					X			C
14	MILLS HEALTH CENTER 100 SOUTH SAN MATEO DRIVE SAN MATEO, CA 94401 WWW MILLS-PENINSULA ORG LICENSE #220000037	X	X							OUTPATIENT SERVICES	B
15	NOVATO COMMUNITY HOSPITAL 180 ROLAND WAY NOVATO, CA 94945 WWW NOVATOCOMMUNITY ORG LICENSE #110000375	X	X					X			

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **19** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
16	SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD LAKEPORT, CA 95463 WWW SUTTERLAKESIDE ORG LICENSE #110000094	X	X			X		X			
17	SUTTER MATERNITY & SURGERY SANTA CRUZ 2900 CHANTICLEER AVENUE SANTA CRUZ, CA 95065 WWW SUTTERSANTACRUZ ORG LICENSE #070000399	X	X							OUTPATIENT SERVICES	B
18	MPI CHEMICAL DEPENDENCY RECOVERY HOSP 3012 SUMMIT STREET OAKLAND, CA 94609 WWW ALTABATESSUMMIT ORG/MPI LICENSE #130000232	X									C
19	MENLO PARK SURGICAL HOSPITAL 570 WILLOW ROAD MENLO PARK, CA 94025 WWW PAMF ORG/MPSH LICENSE #220000276	X	X							OUTPATIENT SERVICES	B

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

Form and Line Reference	Explanation
REPORTING FACILITY A, (3-4, 6-7, 10)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS CALIF ORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3-4, 6-7, & 10) IN CONDUCTING ITS MOST R ECENT CHNA, CALIFORNIA PACIFIC MEDICAL CENTER, A FACILITY OF SUTTER BAY HOSPITALS, DID TAK E INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN TH E HOSPITAL'S SERVICE AREA THE GOALS OF THE COMMUNITY ENGAGEMENT COMPONENT OF THE CHNA WER E TO - IDENTIFY SAN FRANCISCANS HEALTH PRIORITIES, ESPECIALLY THOSE OF VULNERABLE POPULAT IONS, - OBTAIN DATA ON POPULATIONS FOR WHICH WE HAVE LITTLE QUANTITATIVE DATA, - BUILD REL ATIONSHIPS BETWEEN THE COMMUNITY AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP), - MEET THE REGULATORY REQUIREMENTS INCLUDING THE IRS RULES FOR CHARITABLE 501(C)(3) HOSPI TALS, PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR THE SAN FRANCISCO HEALTH DEPARTME NT, AND SAN FRANCISCOS PLANNING CODE REQUIREMENTS FOR A HEALTH CARE SERVICES MASTER PLAN WE WORKED WITH COMMUNITY PARTNERS TO CO-HOST COMMUNITY MEETINGS WITH TARGET POPULATIONS T ARGET POPULATIONS WERE SELECTED BASED ON FOUR FACTORS 1) THE POPULATION HAS KNOWN HEALTH DISPARITIES, 2) LITTLE INFORMATION DESCRIBING THE HEALTH OF THE POPULATION WAS AVAILABLE, 3) THE POPULATION WAS NOT INCLUDED IN A RECENT HEALTH ASSESSMENT, AND 4) THE POPULATION WA S REACHABLE THROUGH AN EXISTING COMMUNITY GROUP WHERE POSSIBLE, WE JOINED EXISTING MEETIN GS IN AN EFFORT TO INCREASE EFFICIENCY AND FACILITATE PARTICIPATION BY RESIDENTS SUCCESSF UL COMMUNITY ENGAGEMENT WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE CONTRIBUTIONS OF THESE CO MMUNITY PARTNERS - ASIAN AMERICANS ADVANCING JUSTICE ASIAN LAW CAUCUS - AFRICAN AMERICAN ART AND CULTURE COMPLEX - ASOCIACIN MAYAB - CARECEN - FILIPINO AMERICAN DEVELOPMENT FOUNDA TION - INSTITUTO FAMILIAR DE LA RAZA - LARKIN STREET YOUTH SERVICES - SF LGBT COMMUNITY CE NTER - NATIVE AMERICAN HEALTH CENTER - ON LOK 30TH STREET SENIOR CENTER - SWORDS TO PLOWSH ARES - TRANSITIONS CLINIC WE FACILITATED ALL MEETINGS USING TWO TECHNOLOGY OF PARTICIPATIO N 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, CO MMUNITY GROUPS, AND SFHIP - TO IMPROVE HEALTH? PARTICIPANTS WERE ALSO ASKED ABOUT THE ASSE TS AND BARRIERS WHICH EXIST IN THEIR COMMUNITIES REGARDING HEALTH IN TOTAL, 127 PARTICIPA NTS ATTENDED 11 MEETINGS BETWEEN JULY 1 AND OCTOBER 2, 2015 PARTICIPANTS CAME FROM A VARI ETY 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 EASTE RN, AND NATIVE AMERICAN THE M

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

Form and Line Reference	Explanation
REPORTING FACILITY A, (3-4, 6-7, 10)	AJORITY OF PARTICIPANTS WERE FEMALE (59 PERCENT) AT THE MEETING WE IDENTIFIED THESE COMMU NITY HEALTH PRIORITIES ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES, SAFE AND AFFORDABLE HOUSING, HEALTH EDUCATION AND EMPOWERMENT, ECONOMIC OPPORTUNITIES, CLEAN AN D 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 FI NDINGS ARE AVAILABLE IN APPENDIX BS "2016 CHNA COMMUNITY ENGAGEMENT" SECTION HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINES 6A & 6B CHNA HOSPITAL COLLABORATORS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A , 3-4, 6-7, & 10) AS A MEMBER OF SFHIP, CPMC PARTICIPATES IN A COLLECTIVE NEEDS ASSESSMEN T PROCESS TO ENSURE THAT OUR COMMUNITY BENEFIT INVESTMENTS ARE RESPONSIVE TO REAL COMMUNIT Y HEALTH NEEDS SFHIPS SAN FRANCISCO COMMUNITY HEALTH NEEDS ASSESSMENT 2016 SERVES AS THE FOUNDATION FOR CPMCS COMMUNITY HEALTH NEEDS ASSESSMENT 20162018 THE PROCESSES AND FINDING S DESCRIBED WITHIN THIS DOCUMENT REFER TO THOSE OF SFHIPS 2016 NEEDS ASSESSMENT THE ORIGI NAL 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 IMP ACT AND TO IMPROVE COMMUNITY HEALTH AND WELLNESS IN SAN FRANCISCO MEMBERSHIP IN SFHIP INC LUDES - SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - AFRICAN AMERICAN COMMUNITY HEALTH EQU ITY 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 MARYS MEDICAL CENTER - SUTTER HEALTH CALIFORNIA PACIFIC MEDI CAL CENTER - KAISER PERMANENTE - CHINESE HOSPITAL - SAN FRANCISCO COMMUNITY CLINIC CONSORT IUM - METTA FUND - SAN FRANCISCO FOUNDATION FAITHS PROGRAM - SAN FRANCISCO UNIFIED SCHOOL DISTRICT - SAN FRANCISCO MAYORS OFFICE - UCSF CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE S COMMUNITY ENGAGEMENT AND HEALTH POLICY PROGRAM A COMPLETE LISTING OF HOSPITALS AND PARTN ERS WHO COLLABORATED ON THE CHNA IS AVAILABLE FOR DOWNLOAD AT HTTPS //WWW SUTTERHEALTH OR G/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINES 7A, 7B, & 10A CHNA AVAILABILITY ONLINE CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3-4, 6-7, & 10) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW CPMC ORG/ABOUT/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT HTML - OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALT H-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 CALIFORNIA PACIFIC MEDICAL CENTER (REPORTI NG GROUP A, 3-4, 6-7, & 10) 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 1 ACCESS TO CARE 2 HEALTHY EATING AND PHYSICAL ACTIVITY 3 BEHAVIORAL HEALTH DESCRIPTION

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

Form and Line Reference	Explanation
REPORTING FACILITY A, (3-4, 6-7, 10)	S OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOU ND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, C PMC 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 WI DE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIF ICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - E CONOMIC BARRIERS TO HEALTH - RACIAL HEALTH INEQUITIES - SAFETY AND VIOLENCE - HOUSING STAB ILITY AND HOMELESSNESS - SUBSTANCE ABUSE AS A MEMBER OF THE SAN FRANCISCO HEALTH IMPROVEME NT PARTNERSHIP (SFHIP), CPMC WILL CONTINUE TO WORK IN COLLABORATION WITH OTHER LOCAL HOSPI TALS 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 SCHEDULE H, PART V, LINE 15E CALIFORNIA PACIFIC MEDICAL (REPORTING GROUP A, 3-4, 6-7, & 10) METHOD FOR APP LYING FOR FINANCIAL ASSISTANCE-OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH TH E MAIL, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, LINES 16A, 16B, & 16C CALIFO RNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3-4, 6-7, & 10) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HE ALTH WEBSITE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE HTML SC HEDULE H, PART V, LINE 16J CALIFORNIA PACIFIC MEDICAL (REPORTING GROUP A, 3-4, 6-7, & 10) MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSIS TANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERVICE AREA DURING P READMISSION 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 ESTIMAT E OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE AS SIGNED 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 SUTTER HEALTH WILL PLACE AN ADVERTISE MENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIP AL 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 AVAIL ABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HE

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

Form and Line Reference	Explanation
REPORTING FACILITY B, (5, 14, 17, 19)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE, P ART V, LINE 5 CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS REPORTI NG GROUP B, 5, 14, 17, & 19 MILLS PENINSULA MEDICAL CENTER & MENLO PARK SURGICAL HOSPITAL IN CONDUCTING ITS MOST RECENT CHNA, MILLS PENINSULA MEDICAL CENTER AND MENLO PARK SURGIC AL 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 CONTRACT ED WITH APPLIED SURVEY RESEARCH (ASR) TO CONDUCT THE PRIMARY RESEARCH THEY USED THREE STR ATEGIES FOR COLLECTING COMMUNITY INPUT KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS AND C OMMUNITY SERVICE EXPERTS, FOCUS GROUPS WITH PROFESSIONALS, AND RESIDENT FOCUS GROUPS ACRO SS THE FOCUS GROUPS WITH PROFESSIONALS AND KEY INFORMANT INTERVIEWS, ASR CONSULTED WITH 38 COMMUNITY REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS THESE REPRESENTATIVES EIT HER WORK IN THE HEALTHCARE FIELD OR IN A COMMUNITY-BASED ORGANIZATION THAT FOCUSES ON IMPR OVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED POPULATIONS IN THE LIST BELOW, THE NUMBER IN PARENTHESES INDICATES THE NUMBER OF PARTICI PANTS 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 MAT EO COUNTY EMPLOYEES (3) - NONPROFIT AGENCIES (22) - FAITH-BASED LEADERS (2) - BUSINESS SEC TOR (2) ASR CONDUCTED KEY INFORMANT INTERVIEWS WITH 29 SAN MATEO COUNTY EXPERTS FROM VARIO US ORGANIZATIONS WHO HAD COUNTYWIDE EXPERTISE THESE EXPERTS INCLUDED THE PUBLIC HEALTH OF FICER, 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-R ELATED ACTIVITIES THE FINDINGS IN MILLS PENINSULA MEDICAL CENTERS CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER MATERN ITY & SURGERY CENTER, SANTA CRUZ SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ (SMSC), A F ACILITY OF MPMC, CONTRACTED WITH APPLIED SURVEY RESEARCH (ASR) TO FACILITATE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN 2016 ASR USED THREE STRATEGIES FOR COLLECTING COMMUNI TY INPUT KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS, A FOCUS GROUP WITH HEALTH CARE PRO FESSIONALS, AND TELEPHONE SURVEYS WITH 700 RANDOMLY SELECTED RESIDENTS AS PART OF THE YEAR LY COMMUNITY ASSESSMENT PROJECT APPLIED SURVEY RESEARCH CONDUCTED PRIMARY RESEARCH VIA KE Y INFORMANT INTERVIEWS WITH THREE SANTA CRUZ COUNTY HEALTH EXPERTS THESE INCLUDED, THE HE ALTH SERVICES AGENCY DIRECTOR,

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

Form and Line Reference	Explanation
REPORTING FACILITY B, (5, 14, 17, 19)	AND TWO COMMUNITY CLINIC DIRECTORS THESE EXPERTS WERE SELECTED IN-PART FOR THEIR COUNTYW IDE EXPERIENCE AND EXPERTISE AND WERE INTERVIEWED BY PHONE FOR APPROXIMATELY ONE HOUR EAC H PARTICIPANT WAS ASKED TO IDENTIFY THE TOP HEALTH NEEDS OF THEIR CONSTITUENCIES, HOW ACCE SS TO HEALTHCARE HAS CHANGED POST-AFFORDABLE CARE ACT, THE IMPACT OF THE PHYSICAL ENVIRONM ENT ON HEALTH, AND THE EFFECT OF THE USE OF NEW TECHNOLOGIES ON HEALTH-RELATED INTERVENTIO NS IN ADDITION, ONE FOCUS GROUP WITH STAKEHOLDERS WAS CONDUCTED IN JUNE 2016 THE QUESTIO NS 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, AS R 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 HAD BEEN MENTIONED, COU NTED HOW MANY GROUPS OR INFORMANTS LISTED THE CONDITION AND HOW MANY TIMES THEY HAD BEEN P RIORITIZED BY A FOCUS GROUP THE FINDINGS IN SUTTER MATERNITY & SURGERY CENTERS CHNA ARE A VAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6 REPORTING GROUP B, 5, 14, 17, & 19 MILLS PENINSULA MEDICAL CEN TER & MENLO PARK SURGICAL HOSPITAL THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNT Y 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 HC C 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 ORGANI ZATIONS THAT COLLABORATED ON THE 2016 CHNA ARE MILLS-PENINSULA MEDICAL CENTER, DIGNITY HEA LTH SEQUOIA HOSPITAL, SAN MATEO COUNTY HEALTH DEPARTMENT, HOSPITAL CONSORTIUM OF SAN MATEO COUNTY, KAISER PERMANENTE SAN MATEO AREA, PENINSULAR HEALTH CARE DISTRICT, SAN MATEO COUN TY HUMAN SERVICES AGENCY, SETON MEDICAL CENTER AND SETON COASTSIDE, LUCILE PACKARD CHILDRE NS HOSPITAL STANFORD, AND STANFORD HEALTH CARE SUTTER MATERNITY & SURGERY SANTA CRUZ SUT TER MATERNITY & SURGERY CENTER COLLABORATED WITH LOCAL HEALTH OFFICIALS, COUNTY HEALTH DEP ARTMENT REPRESENTATIVES, AND COMMUNITY BENEFIT ORGANIZATIONS TO CONDUCT THIS COMMUNITY HEA LTH NEEDS ASSESSMENT SCHEDULE H, PART V, LINES 7A, 7B, & 10A REPORTING GROUP B, 5, 14, 17 , & 19 REPORTING FACILITY WEBSITES MILLS PENINSULA MEDICAL CENTER HTTP //WWW MILLS-PENIN SULA ORG/COMMUNITY/NEEDS-ASSESSMENT HTML MENLO PARK SURGICAL HOSPITAL HTTP //WWW PAMF ORG/ MPSH/COMMUNITY SUTTER MATERNITY & SURGERY SANTA CRUZ HTTP //WWW SUTTERSANTACRUZ ORG/COMMUN ITY/ASSESSMENT HTML OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEA LTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 REPORTING GROUP B, 5, 14, 17, & 19 MILL S PENINSULA MEDICAL CENTER THE

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Form and Line Reference	Explanation
REPORTING FACILITY B, (5, 14, 17, 19)	FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASS ESSMENT AND ARE NEEDS THE MILLS PENINSULA MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IM PLEMENTATION STRATEGY - HEALTH CARE AND DELIVERY - DENTAL/ORAL HEALTH - BEHAVIORAL HEALTH - WELL BEING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICAN T HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PR ESENT IN ITS COMMUNITY MPMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISS ION, 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 IDE NTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 ALZHEIMERS DISEASE AND DEMENTIA - INDIRECTLY THROUGH OTHER ORGANIZATIONS 2 ARTHRITIS - OTHER ORGANIZATIONS ARE BETTER EQU IPPED TO ADDRESS THIS NEED 3 BIRTH OUTCOME - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO A DDRESS THIS NEED 4 CANCER - INDIRECTLY THROUGH OTHER ORGANIZATIONS 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 ORGANIZ ATIONS 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 CONDITI ONS - OTHER ORGANIZATIONS ARE BETTER EQUIPPED TO ADDRESS THIS NEED 14 SEXUALLY TRANSMITTE D DISEASES INDIRECTLY THROUGH OTHER ORGANIZATIONS 15 TRANSPORTATION AND TRAFFIC - INDIREC TLY THROUGH OTHER ORGANIZATIONS 16 UNINTENDED INJURIES - OTHER ORGANIZATIONS ARE BETTER E QUIPPED TO ADDRESS THIS NEED 17 VIOLENCE AND ABUSE - INDIRECTLY THROUGH OTHER ORGANIZATIO NS 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 DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICA NT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH OTHER CRITICAL EFFORTS ON BEHALF OF ME NLO 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 I TS 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 T HE 2016 COMMUNITY HEALTH NEEDS

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Form and Line Reference	Explanation
REPORTING FACILITY C, (1, 2, 8, 12, 13, & 18)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 REPORTING FACILITY C, (1, 2, 8, 12, 13, & 18) ALTA BATES SUMMIT MEDICAL C ENTER IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ALTA BATES SUMMIT MEDICAL CENTER (ABSMC), A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT I NPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SER VICE AREA INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS KEY INFORMA NT INTERVIEWS WITH COMMUNITY HEALTH EXPERTS AND SERVICE PROVIDERS AND FOCUS GROUP DISCUSSI ONS WITH COMMUNITY MEMBERS INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICI PANT INFORMED CONSENT, AN INTERVIEW QUESTION GUIDE, A PROJECT SUMMARY SHEET, AND A REFLECT ION SHEET ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATI ON, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTER VIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW THE IN TERVIEW 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 TH E PROJECT AS WELL AS CONTACT INFORMATION FOR THE CHNA STAFF AFTER THE INTERVIEW OR FOCUS GROUP WAS CONDUCTED THE FACILITATOR CAPTURED THE MAIN FINDINGS IN A REFLECTION SHEET KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH AREA SERVICE PROVIDERS AND EXPERTS REPRESENTING T HE BROAD INTERESTS OF THE COMMUNITY WHO WERE FAMILIAR WITH THE POPULATIONS IN THE HOSPITAL SERVICE AREA (HSA) PRIMARY DATA COLLECTION BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVI DERS WITH KNOWLEDGE OF THE ABSMC HSA, INCLUDING INPUT FROM THE ALAMEDA COUNTY PUBLIC HEALT H DEPARTMENT AND THE BERKELEY CITY PUBLIC HEALTH DEPARTMENT FINDINGS FROM THE AREA-WIDE I NFORMANTS WERE COMBINED WITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCI NG DISPARITIES, TO IDENTIFY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIF IC POPULATIONS AND LOCATIONS THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON T HEIR KNOWLEDGE OF THE NEEDS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCI NG DISPARITIES A TOTAL OF 15 KEY INFORMANT INTERVIEWS WERE DONE WITH 24 SERVICE PROVIDERS THE KEY INFORMANT INTERVIEWS WERE USED TO IDENTITY ADDITIONAL KEY SERVICE PROVIDERS TO I NCLUDE IN THE ASSESSMENT, AS WELL AS IDENTIFY SPECIFIC POPULATIONS THAT SHOULD BE INCLUDED IN THE FOCUS GROUP INTERVIEWS FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBE RS LIVING IN GEOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS WHERE RESIDENTS EXPERIENC E A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES RECRUITMEN T CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULAT IONS IN THE ABSMC HSA, AS WELL

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

Form and Line Reference	Explanation
REPORTING FACILITY C, (1, 2, 8, 12, 13, & 18)	AS DIRECT OUTREACH FROM CHI TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP A TOTAL OF S IX FOCUS GROUP DISCUSSIONS WERE CONDUCTED WITH A TOTAL OF 71 COMMUNITY MEMBERS THE FINDIN GS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN ABSMC'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T REPORTING GROUP C, 8 SUTTER DELTA MEDICAL CENTER IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA), SUTTER DELTA MEDICAL CENTER (SDMC), A FACILITY OF SUTTER EAST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNI TY IN THE HOSPITAL'S SERVICE AREA (KEY INFORMANTS) INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS KEY INFORMANT INTERVIEWS WITH COMMUNITY HEALTH EXPERTS AND S ERVICE PROVIDERS, AND FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICIPANT INFORMED CONSENT, AN INTERVIEW QUESTION GUI DE, A PROJECT SUMMARY SHEET, AND A REFLECTION SHEET ALL PARTICIPANTS WERE GIVEN AN INFORM ED 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 FINDI NGS BY COMPLETING A REFLECTION SHEET KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH AREA SE RVICE PROVIDERS AND EXPERTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY WHO WERE FAM ILIAR WITH THE POPULATIONS IN THE HSA PRIMARY DATA COLLECTION BEGAN BY INTERVIEWING AREA- WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SDMC HSA, INCLUDING INPUT FROM THE CONTRA COS TA COUNTY PUBLIC HEALTH DEPARTMENT FINDINGS FROM THE AREA-WIDE INFORMANTS WERE COMBINED W ITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCING DISPARITIES, TO IDENTI FY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIFIC POPULATIONS AND LOCATI ONS THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON THEIR KNOWLEDGE OF THE NEE DS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCING DISPARITIES A TOTAL O F EIGHT KEY INFORMANT INTERVIEWS WERE COMPLETED WITH 16 SERVICE PROVIDERS THE KEY INFORMA NT INTERVIEWS WERE USED TO IDENTIFY ADDITIONAL KEY SERVICE PROVIDERS TO INCLUDE IN THE ASS ESSMENT, 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 G EOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS IN WHICH RESIDENTS EXPERIENCED A DISPAR ATE AMOUNT OF POOR SOCIO-ECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES RECRUITMENT CONSIST ED OF REFERRALS FROM DESIGNATE

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

Form and Line Reference	Explanation
REPORTING FACILITY C, (1, 2, 8, 12, 13, & 18)	D SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS IN THE SDMC HSA, AS WELL AS DIRECT OUTREACH FROM CHVI TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP THREE FOCUS GROUP DIS CUSSIONS WERE CONDUCTED WITH A TOTAL OF 38 COMMUNITY MEMBERS THE FINDINGS FROM KEY INFORM ANT INTERVIEWS AND FOCUS GROUPS IN SUTTER DELTA MEDICAL CENTER'S CHNA ARE AVAILABLE AT HT TPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T REPORTING GROUP C, 1, 2, 8, 12, 13, & 18 SCHEDULE H, PART V, LINE 6A SUTTER HEALTH EAST BAY REGION-AFFIL IATED HOSPITALS, INCLUDING SUTTER ALTA BATES MEDICAL CENTER (THREE CAMPUSES) IN BERKELEY A ND OAKLAND, EDEN MEDICAL CENTER, CASTRO VALLEY, AND SUTTER DELTA MEDICAL CENTER, ANTIOCH, HAVE CONTRACTED WITH COMMUNITY HEALTH INSIGHTS TO CONDUCT THE CHNAS REPORTING GROUP C, 1, 2, 8, 12, 13, & 18 SCHEDULE H, PART V, LINES 7A, 7B, & 10A ALTA BATES SUMMIT MEDICAL CEN TER FILING ORGANIZATION WEBSITE HTTP //WWW ALTABATESSUMMIT ORG/ABOUT/COMMUNITYBENEFIT/COM MUNITY-ASSESSMENT HTML OTHER ORGANIZATION WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIE NTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T REPORTING GROUP C, 8 SUTTER DELTA MEDICAL CENTER F ILING ORGANIZATION WEBSITE HTTP //WWW SUTTERDELTA ORG/ABOUT/COMMUNITY-NEED HTML OTHER ORG ANIZATION WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESS MEN T REPORTING GROUP C, 1, 2, 8, 12, 13, & 18 SCHEDULE H, PART V, LINE 11 ALTA BATES SUM MIT MEDICAL CENTER THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMM UNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT ALTA BATES SUMMIT MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY - ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTA NCE ABUSE SERVICES - HEALTH EDUCATION AND HEALTH LITERACY - ACCESS TO BASIC NEEDS, SUCH AS HOUSING AND EMPLOYMENT - ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES DESCRIPTIONS OF T HE 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 ALTA BA TES SUMMIT MEDICAL CENTER - ALTA BATES/HERRICK CAMPUS IS COMMITTED TO SERVING THE COMMUNIT Y BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG OR GANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSP ITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - SAFE AND VIOLENCE-FREE ENVIRONMENT - ACCE SS TO AFFORDABLE, HEALTHY FOOD ALTA BATES SUMMIT MEDICAL CENTER DOES NOT HAVE THE RESOURCE S 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 NO T BE THE AREA OF FOCUS FOR 2016-2018 REPORTING GROUP C, 8 SUTTER DELTA MEDICAL CENTER TH E FOLLOWING SIGNIFICANT HEALTH

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

Form and Line Reference	Explanation
REPORTING FACILITY #9, EDEN MEDICAL CENTER	SCHEDULE H, PART V, LINE 3E EDEN MEDICAL CENTER (FACILITY #9) THE SIGNIFICANT HEALTH NEED S ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENT IFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 EDEN MEDICAL CENTER (FACILITY #9) IN C ONDUCTING 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 HOSPITALS SERVICE AREA INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS KEY INFORMANT INTERVI EWS WITH COMMUNITY HEALTH EXPERTS AND SERVICE PROVIDERS, AND FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICIPANT INFO RMED 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 QU ESTION GUIDE WAS USED FOR BOTH THE KEY INFORMANT AND FOCUS GROUP INTERVIEWS THE PROJECT S UMMARY 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 BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS, INCLUDING INPUT FROM THE AL AMEDA COUNTY PUBLIC HEALTH DEPARTMENT FINDINGS FROM THE AREA-WIDE INFORMANTS WERE COMBINE D WITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCING DISPARITIES, TO IDE NTIFY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIFIC POPULATIONS AND LOC ATIONS THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON THEIR KNOWLEDGE OF THE NEEDS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCING DISPARITIES A TOTA L OF 14 KEY INFORMANT INTERVIEWS WERE COMPLETED WITH 19 SERVICE PROVIDERS THE KEY INFORMA NT INTERVIEWS WERE USED TO IDENTIFY ADDITIONAL KEY SERVICE PROVIDERS TO INCLUDE IN THE ASS ESSMENT, 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 G EOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS IN WHICH RESIDENTS EXPERIENCED A DISPAR ATE AMOUNT OF POOR SOCIO-ECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES RECRUITMENT CONSIST ED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS IN T HE SUTTER MEDICAL CENTER, CASTRO VALLEY HEALTH SERVICE AREA, AS WELL AS DIRECT OUTREACH FR OM CHVI TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP FOUR FOCUS GROUP DISCUSSIONS WERE CONDUCTED WITH A TOTAL OF 44

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

Form and Line Reference	Explanation
REPORTING FACILITY #9, EDEN MEDICAL CENTER	COMMUNITY MEMBERS SCHEDULE H, PART V, LINE 6 EDEN MEDICAL CENTER (FACILITY #9) THIS CHNA WAS CONDUCTED BY COMMUNITY HEALTH INSIGHTS, ON BEHALF OF EDEN MEDICAL CENTER OVER A PERIO D 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 FOUNDATIONS COUNTY HEALTH RANKINGS MODEL AND A DEFINED SET OF DATA COLLECTION AND ANALYTIC STAGES WERE DEVELOPED THE DATA THAT WERE COLLECTED AND ANALYZED INCLUDED BO TH PRIMARY, OR QUALITATIVE, DATA, AND SECONDARY, OR QUANTITATIVE DATA SCHEDULE H, PART V, LINES 7A, 7B, & 10A HOSPITAL FACILITY'S WEBSITE EDEN MEDICAL CENTER (FACILITY #9) HTTPS //WWW SUTTERHEALTH ORG/EDEN/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSE SSMENT OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 EDEN MEDICAL CENTER (FACILITY #9) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT EDEN MED ICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY - ACCESS TO QUALITY PR IMARY CARE HEALTH SERVICES PRIMARY CARE RESOURCES INCLUDE COMMUNITY CLINICS, PEDIATRICIAN S, FAMILY PRACTICE PHYSICIANS, INTERNISTS, NURSE PRACTITIONERS, PHARMACISTS, TELEPHONE ADV ICE NURSES, AND SIMILAR PRIMARY CARE SERVICES ARE TYPICALLY THE FIRST POINT OF CONTACT WH EN AN INDIVIDUAL SEEKS HEALTHCARE AND ARE THE FRONT LINE IN THE PREVENTION AND TREATMENT O F COMMON DISEASES AND INJURIES IN A COMMUNITY - ACCESS TO AFFORDABLE, HEALTHY FOOD EATIN G A HEALTHY DIET IS IMPORTANT FOR ONES OVERALL HEALTH AND WELL-BEING WHEN ACCESS TO HEALT HY FOODS IS CHALLENGING FOR COMMUNITY RESIDENTS, MANY TURN TO UNHEALTHY FOODS THAT ARE CON VENIENT, AFFORDABLE, AND READILY AVAILABLE COMMUNITIES EXPERIENCING SOCIAL VULNERABILITY AND POOR HEALTH OUTCOMES OFTEN ARE OVERLOADED WITH FAST FOOD AND OTHER ESTABLISHMENTS WHER E UNHEALTHY FOOD IS SOLD - ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTANCE ABUSE SERVICES IN DIVIDUAL HEALTH AND WELL-BEING ARE INSEPARABLE FROM INDIVIDUAL MENTAL AND EMOTIONAL OUTLOO K 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 NE EDED - ACCESS TO BASIC NEEDS, SUCH AS HOUSING AND EMPLOYMENT ACCESS TO AFFORDABLE AND CL EAN HOUSING, STABLE EMPLOYMENT, QUALITY EDUCATION, AND ADEQUATE FOOD FOR HEALTH MAINTENANC E ARE VITAL FOR SURVIVAL MASLOWS HIERARCHY OF NEEDS SAYS THAT ONLY WHEN MEMBERS OF A SOCI ETY HAVE THEIR BASIC PHYSIOLOGICAL AND SAFETY NEEDS MET CAN THEY THEN BECOME ENGAGED MEMBE RS OF SOCIETY AND SELF-ACTUALIZE OR LIVE TO THEIR FULLEST POTENTIAL, INCLUDING THEIR HEALT H - ACCESS TO TRANSPORTATION AND MOBILITY HAVING ACCESS TO TRANSPORTATION SERVICES TO SU PPORT INDIVIDUAL MOBILITY IS A

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

Form and Line Reference	Explanation
REPORTING FACILITY #9, EDEN MEDICAL CENTER	NECESSITY OF DAILY LIFE WITHOUT TRANSPORTATION, INDIVIDUALS STRUGGLE TO ATTAIN THEIR BAS IC NEEDS, INCLUDING THOSE THAT PROMOTE AND SUPPORT A HEALTHY LIFE DESCRIPTIONS OF THE COM MUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART V I 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 SIG NIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - HEALTH EDUCATION AND HEALTH LITERACY - SAFE AND VIOLENCE FREE ENVIRONMENT - ACCESS TO SP ECIALTY CARE EDEN MEDICAL CENTER DOES NOT HAVE THE RESOURCES AND/OR EXPERTISE TO RESPOND T O THESE COMMUNITY NEEDS AT THIS TIME THE MEDICAL CENTER IS A COLLABORATIVE PARTNER TO NUM EROUS COMMUNITY ORGANIZATIONS AND ON OCCASION WILL SPONSOR PROGRAMS AND INITIATIVES THAT A DDRESS 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 ED EN MEDICAL CENTER (FACILITY #9) PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLI CATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAI L, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, LINES 16A, 16B, & 16C EDEN MEDICA L CENTER (FACILITY #9) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGU AGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE HTML SCHEDULE H, PART V, LINE 16J MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY EDEN MEDICAL CENTER (FACILITY #9) THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SE RVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANG UAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT T O 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 POL ICY 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 SUTTER HEALTH WIL L PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZ ATION 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 ORGANIZ ATIONS, PHYSICIANS, COMMUNITY

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

Form and Line Reference	Explanation
REPORTING FACILITY #11, SUTTER SANTA ROSA REGIONAL HOSPITAL	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #11) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SANTA ROSA REGIONAL HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF T HE 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 INDIV IDUALS IDENTIFIED BY THE 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 M EDICALLY UNDERSERVED, LOW-INCOME, CHRONICALLY DISEASED, AND MINORITY POPULATIONS OTHER IN DIVIDUALS FROM VARIOUS SECTORS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE ALSO CONSULTED A TOTAL OF 21 KEY INFORMANT INTERVIEWS WERE CONDUCTED DURING THIS NEEDS ASSESSMENT FOR A C OMPLETE 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 GR OUPS WERE INTENTIONALLY SAMPLED TO REACH RESIDENTS IN SPECIFIC GEOGRAPHIC REGIONS IDENTIFI ED 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, ROSELA ND 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 POPU LATION FOR EACH CONVERSATION THE SC CHNA COLLABORATIVE WORKED CLOSELY WITH COMMUNITY ORGA NIZATIONS TO ENSURE THAT THE LOCATION AND LANGUAGE OF FACILITATION SELECTED WAS APPROPRIAT E AND CONVENIENT FOR RESIDENTS IN EACH COMMUNITY GROUPS IN CLOVERDALE AND THE BOYES HOT S PRINGS IN SONOMA VALLEY WERE CONDUCTED IN SPANISH, ALL OTHERS WERE CONDUCTED IN ENGLISH T HE FINDINGS FROM KEY INFORMANT INTERVIEWS, SURVEY, AND FOCUS GROUPS IN SUTTER SANTA ROSA R EGIONAL HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUN ITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINES 6A & 6B SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #11) THE SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES (DHS), A LONG WITH KFH-SANTA ROSA, ST JOSEPH HEALTH-SONOMA COUNTY, AND SUTTER HEALTH, SONOMA COUNT Y, FORM THE SC CHNA COLLABORATIVE, WHICH WORKED TOGETHER WITH PARTNERS AT HEALDSBURG DISTR ICT HOSPITAL, PALM DRIVE HOSPITAL, AND SONOMA VALLEY HOSPITAL ON THE 2016 CHNA PROCESS SC HEDULE H, PART V, LINES 7A, 7B, & 10A CHNA AVAILABILITY ONLINE SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #11) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW SUTTERSANTARO SA ORG/RELATIONS/COMMUNITY-NEE

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

Form and Line Reference	Explanation
REPORTING FACILITY #11, SUTTER SANTA ROSA REGIONAL HOSPITAL	DS-ASSESSMENT HTML - OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HE ALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 SUTTER SANTA ROSA REGIONAL HOSPITAL (HO SPITAL FACILITY #11) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 C OMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SANTA ROSA REGIONAL HOSPITAL IN TENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ECONOMIC AND HOUSING INSECURITY 2 ACCESS TO HEALTH CARE 3 OBESITY AND DIABETES 4 ACCESS TO EDUCATION 5 ORAL HEALTH DESC RIPTIONS 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 COMMU NITY SUTTER SANTA ROSA REGIONAL HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERIN G TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION S O THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NO T PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - EARLY CHILDHOOD DEVELOPMENT - THE PRIMARY ISSUE WITHI N THIS IDENTIFIED PRIORITY IS ADVERSE CHILDHOOD EXPERIENCE, OR ACES SSRRH DOES NOT HAVE A NY EXPERTISE OR STRATEGIC ACTIVITY IN THIS AREA THERE ARE MANY ROBUST PROGRAMS AND AGENCI ES COUNTY-WIDE THAT ARE ADDRESSING THESE ISSUES AND WE WILL CONSIDER SMALL REQUESTS FOR SU PPORT - MENTAL HEALTH - THOUGH A SIGNIFICANT ISSUE IN OUR COMMUNITY, IT IS NOT WITHIN THE SCOPE OF THE HOSPITALS SERVICES TO PROVIDE MENTAL HEALTH PROGRAMS NOR DO WE HAVE THIS EXP ERTISE THOUGH NOT A MAJOR PRIORITY FOR SSRRH, WE HAVE AND WILL CONTINUE TO RESPOND TO MOD EST REQUESTS FOR FUNDING TO SUPPORT PROGRAMS THAT ADDRESS THESE ISSUES - SUBSTANCE ABUSE - THOUGH A SIGNIFICANT ISSUE IN OUR COMMUNITY, IT IS NOT WITHIN THE SCOPE OF THE HOSPITALS 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 - VIOLENCE AND UNINTENTIONAL INJURY - THERE ARE SEVERAL PROGRAMS IN THE COMMUNITY THAT ARE WORKING, SEPAR ATELY 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 RESPON D 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 R EGIONAL HOSPITAL (HOSPITAL FACILITY #11) PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUG H THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, LINES 16A, 16B, & 16C SU TTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #11) THE FINANCIAL ASSISTANCE POLICY , APPLICATION FORM, AND PLAIN

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

Form and Line Reference	Explanation
REPORTING FACILITY #11, SUTTER SANTA ROSA REGIONAL HOSPITAL	LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT HTTP //WWW SUTTERHE ALTH ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE HTML SCHEDULE H, PART V, LINE 16J MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLI CY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERVICE AREA DURING PREADMISSIO N 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 F INANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVI DE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLIC ATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE S UMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGAR DING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAP ER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CO NTAINING 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 AVAIL ABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, LINE 22D AMOUNTS CHARGED TO FAP-ELIGI BLE INDIVIDUALS THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OF F OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOS T 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 RESPONSIBL E FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOU NT

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

Form and Line Reference	Explanation
REPORTING FACILITY #15, NOVATO COMMUNITY HOSPITAL	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #15) IN CONDUCTING ITS MOST RECENT CHNA, NOVATO COMMUNITY HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBER S AND LEADERS THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS INDIVIDUALS IDENTIFIED BY THE MARIN COUNTY CHNA COLLABORATIVE AS HAVING VALUABLE KNOWLEDGE, INFORMATION, AND EXPERT ISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE INTERVIEWED INTERVIEWEES INCLUDED REPRESENTATIVES FROM THE LOCAL PUBLIC HEALTH DEPARTMENT AS WELL AS LEADERS, REPRESENTATIVE S, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS OTHER INDIVI DUALS FROM VARIOUS SECTORS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE ALSO CONSULTED A TOT AL OF 20 KEY INFORMANT INTERVIEWS WERE CONDUCTED DURING THIS NEEDS ASSESSMENT FOR A COMPL ETE LIST OF INDIVIDUALS WHO PROVIDED INPUT, SEE APPENDIX C OF THE CHNA ADDITIONALLY, EIGH T FOCUS GROUPS WERE CONDUCTED THROUGHOUT MARIN COUNTY THESE GROUPS WERE INTENTIONALLY SAM PLED TO REACH SPECIFIC SUBPOPULATIONS OF THE COUNTY THAT WERE IDENTIFIED AS HIGH-RISK POPU LATIONS BY THE MARIN COUNTY CHNA COLLABORATIVE THESE SUBPOPULATIONS INCLUDED YOUTH, ADULT S IN RECOVERY FROM SUBSTANCE ABUSE, INDIVIDUALS EXPERIENCING HOMELESSNESS, AND RESIDENTS I N 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 SP ECIFIC POPULATIONS REACHED IN FOCUS GROUPS, SEE APPENDIX C OF THE CHNA ADDITIONAL DETAILS ON KEY INFORMANTS, COLLABORATIVE PARTNERS AND FOCUS GROUPS CAN BE FOUND IN NOVATO COMMUNI TY HOSPITAL'S CHNA AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-AS SESSMEN T SCHEDULE H, PART V, LINES 6A & 6B NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY # 15) 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 WH ICH TO BUILD EFFECTIVE IMPLEMENTATION STRATEGIES MEMBERS OF THE MARIN COUNTY COMMUNITY HE ALTH NEEDS ASSESSMENT COLLABORATIVE INCLUDE HEALTHY MARIN PARTNERSHIP -TERI ROCKAS, PROJE CT MANAGER HEALTH EDUCATION & PROMOTION, MEMBER OUTREACH, KAISER PERMANENTE MARIN GENERAL HOSPITAL - JAMIE MAITES, DIRECTOR OF COMMUNICATIONS KAISER PERMANENTE - SAN RAFAEL - CARL CAMPBELL, PUBLIC AFFAIRS DIREC

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

Form and Line Reference	Explanation
REPORTING FACILITY #15, NOVATO COMMUNITY HOSPITAL	TOR - JEANNIE DULBERG, COMMUNITY BENEFIT MANAGER - MOLLY BERGSTROM, COMMUNITY BENEFIT MANA GER 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 DIRECTO R CONSULTANTS - HARDER+COMPANY COMMUNITY RESEARCH WAS INSTRUMENTAL IN SUPPORTING THE COMMU NITY HEALTH NEED PRIORITIZATION PROCESS BY PRESENTING EXTENSIVE DATA IN A USEFUL WAY AND F ACILITATING A MEANINGFUL CONVERSATION THAT RESULTED IN ESTABLISHMENT OF COMMUNITY PRIORITI ES ON WHICH FUTURE DECISIONS CAN BE BASED SCHEDULE H, PART V, LINES 7A, 7B, & 10A CHNA AV AILABILITY ONLINE NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #15) - HOSPITAL FACILITY' S WEBSITE HTTP //WWW NOVATOCOMMUNITY ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML - OTHER WE BSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDU LE H, PART V, LINE 11 NOVATO COMMUNITY HOSPITAL (HOSPITAL FACILITY #15) THE FOLLOWING SIG NIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND AR E NEEDS THAT NOVATO COMMUNITY HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRAT EGY ACCESS TO HEALTH CARE WITH THE IMPLEMENTATION OF THE ACA, MANY ADULTS IN MARIN COUNT Y 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 PROVIDE RS THAT SEE LOW-INCOME PATIENTS ARE AT CAPACITY, AND PUBLIC INSURANCE IS NOT ACCEPTED BY M ANY PHYSICIANS IN THE COUNTY IN ADDITION TO BARRIERS IN OBTAINING AFFORDABLE CARE, MARIN RESIDENTS HAVE NOTABLY LOW UTILIZATION RATES FOR CHILDHOOD VACCINATIONS COMPARED TO CALIFO RNIA AS A WHOLE DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFI CANT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH OTHER CRITICAL EFFORTS ON BEHALF OF NOVATO COMMUNITY HOSPITAL 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 THA T IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLA N TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMU NITY HEALTH NEEDS ASSESSMENT - OBESITY AND DIABETES NOVATO COMMUNITY HOSPITAL DOES NOT H AVE 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 INSECU RITY NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NE ED - MENTAL HEALTH NOVATO COM

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

Form and Line Reference	Explanation
REPORTING FACILITY #15, NOVATO COMMUNITY HOSPITAL	MUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED - SUBSTANCE A BUSE NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADDRESS THIS NE ED - ORAL HEALTH NOVATO COMMUNITY HOSPITAL DOES NOT HAVE THE EXPERTISE OR CAPACITY TO ADD RESS THIS NEED - VIOLENCE AND UNINTENTIONAL INJURY NOVATO COMMUNITY HOSPITAL DOES NOT HAV E THE EXPERTISE OR CAPACITY TO ADDRESS THIS NEED SCHEDULE H, PART V, LINE 15E METHOD FOR A PPLYING FOR FINANCIAL ASSISTANCE-OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING TH E 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 NOVA TO COMMUNITY HOSPITAL (HOSPITAL FACILITY #15) THE FINANCIAL ASSISTANCE POLICY, APPLICATIO N FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT H TTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE HTML SCHEDULE H, PART V, LINE 16J MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY THE FINANCI AL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS 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 WI LL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSP ITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSI ST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED TH E PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN A DVERTISEMENT 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 T HE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYS ICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNI TY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, LINE 22D AMOUNTS CH ARGED TO FAP-ELIGIBLE INDIVIDUALS THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BEL OW 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 FINA NCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS D O NOT PAY ANY AMOUNT

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

Form and Line Reference	Explanation
REPORTING FACILITY #16, SUTTER LAKESIDE HOSPITAL	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, LINE 5 SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #16) IN CONDUCTING ITS MOST R ECENT CHNA, SUTTER LAKESIDE HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE IN TO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HO SPITAL'S SERVICE AREA THE COMMUNITY INPUT - USING A WIDLELY DISTRIBUTED SURVEY, FOCUS GRO UPS AND KEY INFORMANT INTERVIEWS - SOLICITED OPINIONS ABOUT HELATH CONCERNS AND SUGGESTION S FOR IMPROVEMENT, AND VALIDATED AND ENRICHED THE STATISTICAL DATA A SURVEY WAS DEVELOPED IN ENGLISH AND SPANISH THAT SOLICITED PEOPLES 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 DISTRIBUTE D IN HARD COPY BY MEMBERS OF THE COLLABORATIVE TO LOCATIONS WHERE THE GROUPS OF INTEREST W OULD 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 EF FORTS SUCH AS AT THE 2-DAY VALLEY FIRE "REBUILD EXPO" IN MIDDLETOWN AND OVER THE AIR ON KP FZ'S "SENIOR MOMENTS" SHOW THE SURVEY WAS ALSO AVAILABLE BY ONLINE (ENGLISH ONLY) AND NOT ICES ABOUT THE ELECTRONIC VERSION WERE POSTED ON THE COUNTY'S AND VARIOUS ORGANIZATIONS WE BSITES AND IN NEWSLETTERS ALL OF THE ELECTRONIC AND HARD-COPY SURVEY DATA WERE CLEANED, C ODED, AND ENTERED INTO AN EXCEL SPREADSHEET AND ANALYZED USING SPSS VERSION 20 0 THREE CO MMUNITIES - CLEARLAKE, LAKEPORT AND KELSEYVILLE - ENSURED GEOGRAPHIC REPRESENTATION AT THE 6 COMMUNITY FOCUS GROUPS THAT WERE CONDUCTED KEY COMMUNITY-BASED ORGANIZATIONS AND SOCIA L CLUBS WERE IDENTIFIED BY THE COLLABORATIVE AND INVITED TO HOST A FOCUS GROUP IN EACH CA SE, 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 CONVE NIENCE 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 INFORMAT ION OR DATA WAS LIMITED TO REDUCE THE POTENTIAL FOR BIAS OR LEADING OF PARTICIPANTS TO ANY CONCLUSIONS PARTICIPANTS WERE NOT ASKED TO "VOTEOTEHRWISE RANK THE ITEMS THEY IDENTIFIED AS NEEDS, PROBLEMS OR SOLUTIONS THE FOCUS GROUP DATA WERE RECORDED ON A FLIP CHART OR NO TEBOOK 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 PAR

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

Form and Line Reference	Explanation
REPORTING FACILITY #16, SUTTER LAKESIDE HOSPITAL	TICIPATION THE AGENCIES AND ORGANIZATIONS THAT SPONSORED THE COMMUNITY MEETINGS HELPED TO PUBLICIZE THE SESSIONS AND PROMOTE ATTENDANCE TELEPHONE INTERVIEWS USING A STRUCTURED SE T OF QUESTIONS (WITH ADDITIONAL, PERSONALIZED QUESTIONS TO OBTAIN MORE IN-DEPTH INFORMATIO N) WERE CONDUCTED WITH 12 OF THE 16 INVITED INDIVIDUALS WHO AGREED TO PARTICIPATE IN A KEY INFORMANT INTERVIEW (ATTACHMENT 3) THE INTERVIEWS PROVIDED AN INFORMED PERSPECTIVE FROM THOSE WHO WORK DIRECTLY WITH THE PUBLIC AND/OR DETERMINE SOME OF THE POLICIES THAT AFFECT THE COMMUNITYS HEALTH THESE INDIVIDUALS WERE ABLE TO OFFER INFORMATION ABOUT LOCAL RESOUR CES 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 IN DIVIDUALS WITH CERTAIN EXPERTISE COULD CONFIRM OR DISPUTE PATTERNS IN THE DATA AND IDENTIF Y DATA AND OTHER STUDIES THE COLLABORATIVE MIGHT NOT OTHERWISE BE AWARE OF THE FINDINGS F ROM 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-ASSESSM EN T SCHEDULE H, PART V, LINES 6A & 6B SUTTER LAKESIDE HOSPITAL (HOSPITAL FACILITY #16) T HE COLLABORATIVE INCLUDED THE TWO LAKE COUNTY HOSPITALS, ST HELENA CLEAR LAKE AND SUTTER LAKESIDE SCHEDULE H, PART V, LINES 7A, 7B, & 10A CHNA AVAILABILITY ONLINE SUTTER LAKESID E HOSPITAL (HOSPITAL FACILITY #16) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW SUTTERLAKESI DE ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML - OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG /FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 SUTTER LAKESI DE HOSPITALS (HOSPITAL FACILITY #16) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFI ED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT SUTTER LAKESIDE HOSPITAL I NTENDS 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 FOUN D IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SU TTER LAKESIDE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, U SING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTI NUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS T HE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NE EDS ASSESSMENT - HOUSING AND HOMELESSNESS SUTTER LAKESIDE HOSPITAL WILL LOOK TO SUPPORT H OUSING AND HOMELESSNESS INITIATIVES AS OPPORTUNITIES ARISE WITH OUR COMMUNITY PARTNERS HO WEVER, HOUSING AND HOMELESSNESS WILL NOT BE ONE OF SUTTER LAKESIDES PRIMARY FOCUSES - MEN TAL HEALTH WHILE SUTTER LAKESIDE SUPPORTS ORGANIZATIONS THAT ADDRESS THE STATE OF MENTAL H EALTH IN LAKE COUNTY, MENTAL H

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

Form and Line Reference	Explanation
REPORTING FACILITY #16, SUTTER LAKESIDE HOSPITAL	EALTH WILL NOT BE ONE OF SUTTER LAKESIDES PRIMARY FOCUSES SCHEDULE H, PART V, LINE 15E ME THOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COM PLETING 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 #16) THE FINANCIAL ASSISTANCE POLICY, A PPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBS ITE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE HTML SCHEDULE H, PART V, LINE 16J MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY TH E FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERVI CE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAG E SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO R EQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNI NSURED 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 PR OVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL P LACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATI ON IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WI LL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PU BLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATI ONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF TH E COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, LINE 22D A MOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS 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 REV ENUE 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 P ATIENTS DO NOT PAY ANY AMOUNT

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	CALIFORNIA CAMPUS - ALZHEIMERS RES CARE 3773 SACRAMENTO STREET SAN FRANCISCO, CA 94118	SKILLED NURSING FACILITY
1	CPMC - BREAST HEALTH CENTER 3698 CALIFORNIA STREET SAN FRANCISCO, CA 94118	OUTPATIENT SERVICES - MAMMOGRAPHY
2	SUTTER LAKESIDE FAMILY MEDICAL CLINIC 5176 HILL ROAD EAST LAKEPORT, CA 95453	RURAL HEALTH CLINIC
3	SAN FRANCISCO ENDOSCOPY CENTER 3468 CALIFORNIA ST SAN FRANCISCO, CA 94118	OUTPATIENT SERVICES
4	CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET SUITE 103 SAN FRANCISCO, CA 94115	RAD/LAB/ULTRASOUND SERVICES
5	CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET SUITE 106 SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - LABORATORY/IMAGING
6	CPMC PACIFIC CAMPUS - STANFORD BUILDING 2351 CLAY STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - AMBULATORY SURGERY & CANCER
7	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET SUITE 114A SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - HEART TRANSPLANT CLINIC
8	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET 4TH FLOOR SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - LIVER, PANCREAS, KIDNEY TRANSPLANT CLINIC
9	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET 5TH FLOOR SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES OPTHAMOLOGY CLINIC
10	100 ROWLAND WAY CARE CENTER 100 ROWLAND WAY NOVATO, CA 94945	OUTPATIENT SERVICES
11	DIAGNOSTIC CENTER 165 ROWLAND WAY NOVATO, CA 94945	OUTPATIENT SERVICES - LABORATORY
12	CPMC PACIFIC CAMPUS - STANFORD BUILDING 2351 CLAY STREET SUITE 600 SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - IES
13	CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - PT, OT & CARDIAC REHAB
14	IMAGING SERVICES 1375 SUTTER STREET SAN FRANCISCO, CA 94119	OUTPATIENT SERVICES

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	MONTEAGLE MEDICAL CENTER 1580 VALENCIA STREET SAN FRANCISCO, CA 94110	OUTPATIENT SERVICES
1	KALMANOVITZ CHILD DEVELOPMENT CENTER 1625 VAN NESS SAN FRANCISCO, CA 94109	OUTPATIENT SERVICES - CHILD DEVELOPMENT
2	SAN MATEO SATELLITE HAND THERAPY CLINIC 101 NORTH EL CAMINO SAN MATEO, CA 94401	OUTPATIENT SERVICES - HAND THERAPY
3	TERRA LINDA HEALTH PLAZA 4000 CIVIC CENTER DRIVE SAN RAFAEL, CA 94903	OUTPATIENT SERVICES
4	PRESIDIO SURGERY CENTER 1635 DIVISADERO STREET SUITE 200 SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
5	MILLS-PENINSULA SKILLED NURSING FACILITY 1609 TROUSDALE DRIVE BURLINGAME, CA 94010	SKILLED NURSING FACILITY
6	FITNESS AND THERAPY CENTER 1875 TROUSDALE DRIVE BURLINGAME, CA 94010	CARDIAC REHABILITATION, PHYSICAL AND OCCUPATIONAL THERAPY
7	REHABILITATION SERVICES 14207 E 14TH STREET SAN LEANDRO, CA 94578	OUTPATIENT REHAB SERVICES
8	SAN LEANDRO SURGERY CENTER 15035 EAST 14TH STREET SAN LEANDRO, CA 94578	OUTPATIENT SERVICES
9	MENTAL HEALTH CENTER 2323 SACRAMENTO STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
10	CPMC PACIFIC CAMPUS - INSTIT OF HEALTH 2300 CALIFORNIA STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
11	EDEN MEDICAL CENTER OUTPATIENT REHAB 1375 141ST AVENUE SAN LEANDRO, CA 94578	OUTPATIENT SERVICES
12	AMBULATORY CARE CLINIC 20126 STANTON AVENUE CASTRO VALLEY, CA 94546	OUTPATIENT SERVICES
13	SDMC OUTPATIENT SERVICES 3903 LONE TREE WAY ANTIOCH, CA 94509	PT/OT/SPEECH SERVICES
14	ABSMC AMBULATORY SURGERY 2450 ASHBY AVENUE BERKELEY, CA 94704	AMBULATORY SURGERY

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	ABSMC ANTEPARTUM TESTING UNIT 2450 ASHBY AVENUE BERKELEY, CA 94704	OUTPATIENT SERVICES
1	ABSMC CLINICAL LAB 2450 ASHBY AVENUE BERKELEY, CA 94704	LAB SERVICES
2	BERKELEY CARE CENTER 2500 MILVIA STREET BERKELEY, CA 94704	LAB SERVICES, IMAGING, URGENT CARE
3	ABSMC INFANT CLINIC 3011 TELEGRAPH AVENUE BERKELEY, CA 94705	OUTPATIENT SERVICES
4	ABSMC CARDIAC REHAB 3030 TELEGRAPH AVENUE BERKELEY, CA 94705	OUTPATIENT SERVICES
5	ALTA BATES SUMMIT MEDICAL CENTER PT 5700 TELEGRAPH AVENUE BERKELEY, CA 94709	OUTPATIENT SERVICES
6	ABSMC RADIOLOGY 5730 TELEGRAPH AVENUE BERKELEY, CA 94709	OUTPATIENT SERVICES
7	LAFAYETTE WOMEN'S HEALTH CENTER 3595 MT DIABLO BLVD SUITE 350 LAFAYETTE, CA 94549	OUTPATIENT SERVICES
8	ABSMC BARIATRIC SURGERY 3012 SUMMIT STREET OAKLAND, CA 94609	OUTPATIENT SERVICES
9	SUMMIT CAMPUS CLINICAL LAB 350 HAWTHORNE AVE OAKLAND, CA 94609	LAB SERVICES
10	ALTA BATES SUMMIT MEDICAL CENTER 450 30TH STREET OAKLAND, CA 94609	OUTPATIENT/PEDIATRIC SERVICES, NUCLEAR MEDICINE
11	MAGNETIC IMAGING AFFILIATES 5730 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES
12	ALTA CT SERVICES 2001 DWIGHT WAY BERKELEY, CA 94704	OUTPATIENT SERVICES
13	SURGERY CTR OF ALTA BATES SUMMIT MEDICAL 3875 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES
14	EYEMD LASER AND SURGERY CENTER 481 30TH STREET OAKLAND, CA 94609	OUTPATIENT SERVICES

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
46 MEDICAL CENTER MAGNETIC IMAGING 3000 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 111

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COMMUNITY ASSISTANCE	7	658,680			
(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.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND/OR YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECTS BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BSA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM MEETING THE GOALS TO HELP IDENTIFY WAYS TO IMPROVE OR PERHAPS RE-EVALUATE WHAT SUCCESS OF THIS PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE FUNDING

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH CENTER NETWORK 101 CALLAN AVE STE 300 SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	843,967				PROGRAM SUPPORT
PATIENT ASSISTANCE FOUNDATION 2100 WEBSTER ST STE 100 SAN FRANCISCO, CA 94115	94-2944137	501(C)(3)	504,125				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO MEDICAL CENTER 229 7TH ST SAN FRANCISCO, CA 94103	23-7304921	501(C)(3)	329,166				PROGRAM SUPPORT
SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	23-7416272	501(C)(3)	300,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA CRUZ WOMENS HLTH CENTER 250 LOCUST ST SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	300,000				PROGRAM SUPPORT
PLANNED PARENTHOOD SHASTA DIABLO INC 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)(3)	265,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH COUNTY COMM HLTH CTR INC 1885 BAY RD E PALO ALTO, CA 94303	94-3372130	501(C)(3)	200,000				PROGRAM SUPPORT
NORTHERN CALIFORNIA CENTER FOR WELL BEING 101 BROOKWOOD AVE STE A SANTA ROSA, CA 95404	93-1144835	501(C)(3)	163,818				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIBURCIO VASQUEZ HEALTH CTR 33255 9TH ST UNION CITY, CA 94587	23-7118361	501(C)(3)	151,598				PROGRAM SUPPORT
JEWISH FAMILY CHILDRENS SVC 2150 POST ST SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	143,600				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY CLINIC CONSORTIUM 3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501(C)(3)	125,000				PROGRAM SUPPORT
SALUD PARA LA GENTE 195 AVIATION WY STE 200 WATSONVILLE, CA 95076	94-2705747	501(C)(3)	125,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST SAN, CA 94577	94-3121699	501(C)(3)	110,000				PROGRAM SUPPORT
EAST BAY ASIAN LOCAL DEVELOPMENT CORP 1825 SAN PABLO AVE STE 200 OAKLAND, CA 94612	51-0171851	501(C)(3)	100,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE LONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	90,000				PROGRAM SUPPORT
CONTRA COSTA CTY HLTH HOUSING AND HOMELESS 2400 BISSO LN STE D FLR 2 CONCORD, CA 94520		GOVT	75,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICA SAN FRANCISCO WORK STUDY 3625 24TH ST SAN FRANCISCO, CA 94110	26-4450576	501(C)(3)	64,000				PROGRAM SUPPORT
YOUTH ALIVE 3300 ELM ST OAKLAND, CA 94609	94-3143254	501(C)(3)	62,768				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMINAR 2600 SO EL CAMINO REAL STE 200 SAN MATEO, CA 94403	94-1639389	501(C)(3)	60,000				PROGRAM SUPPORT
SONOMA COUNTY HEALTH SERVICES DEPT OF ENVIRONMENTA 3313 CHANATE RD SANTA ROSA, CA 95404	94-6000539	GOVT	51,250				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASHBY VILLAGE INC 1821 CATALINA AVE BERKELEY, CA 94707	27-2174330	501(C)(3)	50,000				PROGRAM SUPPORT
PENINSULA FAMILY SERVICE 24 SECOND AVE SAN MATEO, CA 94401	94-1186169	501(C)(3)	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HLTH IMPROVEMENT PRTNRSHP OF SANTA CRUZ CTY 1800 GREEN HILLS RD STE 100 SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	50,000				PROGRAM SUPPORT
MISSION HOSPICE OF SAN MATEO COUNTY 1670 S AMPHLETT BLVD STE 300 SAN MATEO, CA 94402	94-2567162	501(C)(3)	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIV OF CA BERKELEY 2195 HEARST AVE STE 130 BERKELEY, CA 94720	94-6002123	501(C)(3)	50,000				PROGRAM SUPPORT
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH ST STE 2028 SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY COMMUNITY FNDT 2440 W EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	50,000				PROGRAM SUPPORT
COMMUNITY GATEPATH 350 TWIN DOLPHIN DR STE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	45,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEMARILLAC ACADEMY 175 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-3390330	501(C)(3)	45,000				PROGRAM SUPPORT
HEALTHRIGHT 360 1563 MISSION ST SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	45,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA POINT COLLABORATIVE 677 W RANGER AVE ALAMEDA, CA 94501	94-3361464	501(C)(3)	40,000				PROGRAM SUPPORT
MARCH OF DIMES PO BOX 1657 WILKESBARRE, PA 18703	13-1846366	501(C)(3)	39,126				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION ACCESS 1119 MARKET ST STE 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	35,000				PROGRAM SUPPORT
JEFFERSON HIGH SCHOOL 6996 MISSION ST DALY CITY, CA 94014	94-3083772	501(C)(3)	34,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENDOCINO LAKE COMMUNITY 1000 HENSLEY CREEK RD UKIAH, CA 95482	94-6002711	501(C)(3)	31,625				PROGRAM SUPPORT
UNITED WAY OF SANTA CRUZ CNTY 4450 CAPITOLA RD STE 106 CAPITOLA, CA 95010	94-1422471	501(C)(3)	30,688				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES 1801 VICENTE ST SAN FRANCISCO, CA 94116	94-1186168	501(C)(3)	30,000				PROGRAM SUPPORT
EXTENDED CHILD CARE COALITION OF SONOMA CTY 1745 COPPERHILL PKWY STE 5 SANTA ROSA, CA 95403	94-2526630	501(C)(3)	30,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	30,000				PROGRAM SUPPORT
ALZHEIMERS DISEASE & RELATED DISORDERS ASSOC 2290 NO 1ST ST STE 101 SAN JOSE, CA 95131	94-2897949	501(C)(3)	26,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	25,000				PROGRAM SUPPORT
APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO, CA 94133	94-3164091	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY AREA CANCER CONNECTIONS 2335 EL CAMINO REAL PALO ALTO, CA 94306	77-0417605	501(C)(3)	25,000				PROGRAM SUPPORT
BURLINGAME CHAMBER OF COMMERCE 417 CALIFORNIA DR BURLINGAME, CA 94010	94-1073698	501(C)(6)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CENTER PROJECT OF SF 1800 MARKET ST SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	25,000				PROGRAM SUPPORT
COMPASS FAMILY SERVICES 49 POWELL ST 3RD FL SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	25,000				PROGRAM SUPPORT
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIST CNCL CONTRA COSTA CTY SCTY OF ST VINC DEPAUL 2210 GLADSTONE DR PITTSBURG, CA 94565	94-1448577	501(C)(3)	25,000				PROGRAM SUPPORT
EPISCOPAL COMMUNITY SERVICES 165 8TH ST 3RD FL SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDIVIDUALS NOW INC 2447 SUMMERFIELD RD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	25,000				PROGRAM SUPPORT
KIMOCHI INC 1715 BUCHANAN ST SAN FRANCISCO, CA 94115	23-7117402	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO, CA 94117	94-3189198	501(C)(3)	25,000				PROGRAM SUPPORT
PORTOLA FAMILY CONNECTIONS 2565 SAN BRUNO AVE SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFE AND SOUND 1757 WALLER ST SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	25,000				PROGRAM SUPPORT
SHANTI PROJECT 730 POLK ST SAN FRANCISCO, CA 94109	94-2297147	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST 4TH FLR SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)	20,000				PROGRAM SUPPORT
MISSION NEIGHBORHOOD HEALTH CENTER 165 CAPP ST SAN FRANCISCO, CA 94110	94-2284365	501(C)(3)	20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME DE NAMUR UNIVERSITY 1500 RALSTON AVE BELMONT, CA 94002	94-1156646	501(C)(3)	20,000				PROGRAM SUPPORT
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEWARD BOUND OF MARIN 1385 NO HAMILTON PKWY NOVATO, CA 94949	68-0011405	501(C)(3)	19,294				PROGRAM SUPPORT
LUTHER BURBANK MEMORIAL FNDT 50 MARK W SPRINGS RD SANTA, CA 95403	94-2581084	501(C)(3)	17,225				PROGRAM SUPPORT

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

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COMMUNITY OVERCOMING RELATIONSHIP ABUSE PO BOX 4245 BURLINGAME, CA 94011	94-2481188	501(C)(3)	15,300				PROGRAM SUPPORT
BAY AREA COUNCIL INC 353 SACRAMENTO ST 10TH FLR SAN FRANCISCO, CA 94111	23-7325853	501(C)(3)	15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	15,000				PROGRAM SUPPORT
SAN FRANCISCO PUBLIC HEALTH FOUNDATION 375 LAGUNA HONDA BLVD STE B303 SAN FRANCISCO, CA 94116	94-3117093	501(C)(3)	15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO VILLAGE 3220 FULTON ST SAN FRANCISCO, CA 94118	26-1300020	501(C)(3)	15,000				PROGRAM SUPPORT
SAN MATEO CHAMBER OF COMMERCE 1700 SO EL CAMINO REAL STE 108 SAN MATEO, CA 94402	94-0838880	501(C)(6)	15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SELF HELP FOR THE ELDERLY 731 SANSOME ST STE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	15,000				PROGRAM SUPPORT
UNIVERSITY OF HAWAII FNDT 2444 DOLE ST STE 105 HONOLULU, HI 96822	99-0085260	501(C)(3)	15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO PLANNING & URBAN RSRCH ASSOC 654 MISSION ST SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	13,750				PROGRAM SUPPORT
HOMELESS PRENATAL PROGRAM INC 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	12,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTIOCH UNIFIED SCHOOL DISTRICT 510 G ST ANTIOCH, CA 94509	86-1134505	GOVT	12,000				PROGRAM SUPPORT
MERITUS COLLEGE FUND PO BOX 29024 SAN FRANCISCO, CA 94129	94-3257076	501(C)(3)	11,250				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMAN INVESTMENT PROJECT INC 369 SO RAILROAD AVE SAN MATEO, CA 94401	94-2154614	501(C)(3)	11,000				PROGRAM SUPPORT
PARTNERS & ADVOCATES FOR REMARKABLE CHILDREN 800 AIRPORT BLVD STE 320 BURLINGAME, CA 94010	94-1650851	501(C)(3)	11,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MATEO POLICE ACTIVITIES LEAGUE INC 200 FRANKLIN PKWY SAN MATEO, CA 94403	31-1593896	501(C)(3)	10,750				PROGRAM SUPPORT
ADVOCATES FOR CHILDREN 1515 SO EL CAMINO REAL STE 201 SAN MATEO, CA 94402	04-3849393	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL SANTA CRUZ COUNTY 7960 SOQUEL DR STE I APTOS, CA 95003	94-2600140	501(C)(3)	10,000				PROGRAM SUPPORT
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DR APTOS, CA 95003	94-6121953	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHRTIES CYO OF THE ARCHDIOC OF SF 990 EDDY ST SAN FRANCISCO, CA 94109	94-1498472	501(C)(3)	10,000				PROGRAM SUPPORT
CHINESE HOSPITAL MEDICAL STAFF 845 JACKSON ST SAN FRANCISCO, CA 94133	94-3165001	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLEO EULAU CTR FOR CHILDREN AND ADOLESCENTS 2483 OLD MIDDLEFIELD STE 208 MOUNTAIN VIEW, CA 94043	77-0393676	501(C)(3)	10,000				PROGRAM SUPPORT
CONARD HOUSE INC 1385 MISSION ST STE 200 SAN FRANCISCO, CA 94103	94-1489356	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE LIBERTAD 500 ALLERTON AVE 3RD FLR REDWOOD CITY, CA 94063	94-3189174	501(C)(3)	10,000				PROGRAM SUPPORT
ELSIE ALLEN HIGH SCHOOL FNDT 599 BELLEVUE AVE SANTA ROSA, CA 95401	46-4580953	501(C)(3)	10,000				PROGRAM SUPPORT

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

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FRIENDS FOR YOUTH INC 1741 BROADWAY REDWOOD CITY, CA 94063	94-2961034	501(C)(3)	10,000				PROGRAM SUPPORT
HEAL PROJECT PO BOX 3051 HALF MOON BAY, CA 94019	27-0192940	501(C)(3)	10,000				PROGRAM SUPPORT

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

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HUCKLEBERRY YOUTH PROGRAMS INC 3310 GEARY BLVD SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	10,000				PROGRAM SUPPORT
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	501(C)(3)	10,000				PROGRAM SUPPORT

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

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JEWISH VOCATIONAL AND CAREER COUNSELING SERVICE 17 GEARY ST STE 401 SAN FRANCISCO, CA 94108	94-2213100	501(C)(3)	10,000				PROGRAM SUPPORT
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY ST MARTINEZ, CA 94553	68-0018077	501(C)(3)	10,000				PROGRAM SUPPORT

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

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MEALS ON WHEELS AND SENIOR OUTREACH SERVICES 1300 CIVIC DR WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	10,000				PROGRAM SUPPORT
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	10,000				PROGRAM SUPPORT

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

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NAACP 1290 FILLMORE ST STE 109 SAN FRANCISCO, CA 94115	23-7177411	501(C)(4)	10,000				PROGRAM SUPPORT
NORTH OF MARKET TENDERLOIN COMMUNITY BENEFIT CORP 512 ELLIS ST SAN FRANCISCO, CA 94109	20-3828997	501(C)(3)	10,000				PROGRAM SUPPORT

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

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ON LOK SENIOR HEALTH SERVICES 1333 BUSH ST SAN FRANCISCO, CA 94109	94-2162549	501(C)(3)	10,000				PROGRAM SUPPORT
PACIFIC STROKE ASSOCIATION 3801 MIRANDA AVE BLDG 6 STE A162 PALO ALTO, CA 94304	77-0500631	501(C)(3)	10,000				PROGRAM SUPPORT

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

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RESTORE WOMENS WELLNESS CTR 303 W JOAQUIN AVE STE 110 SAN LEANDRO, CA 94577	46-3445121	501(C)(3)	10,000				PROGRAM SUPPORT
ROTACARE BAY AREA INC 514 VALLEY WY MILPITAS, CA 95035	77-0328723	501(C)(3)	10,000				PROGRAM SUPPORT

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

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SAINT ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	10,000				PROGRAM SUPPORT
SAN FRANCISCO COMMUNITY CLINIC CORP 1550 BRYANT ST STE 450 SAN FRANCISCO, CA 94103	94-2897258	501(C)(3)	10,000				PROGRAM SUPPORT

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

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SAN FRANCISCO MEDICAL SOCIETY 2720 TAYLOR ST STE 450 SAN FRANCISCO, CA 94133	94-0835165	501(C)(3)	10,000				PROGRAM SUPPORT
CITY OF SAN MATEO SENIOR CENTER 2645 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403	94-6000422	GOVT	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIDES FOR LIFE FOUNDATION 1525 ROLLINS RD STE B BURLINGAME, CA 94010	13-4285830	501(C)(3)	10,000				PROGRAM SUPPORT
WOMENS CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	94-3131204	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUM MOON RESIDENCE HALL 940 WASHINGTON ST SAN FRANCISCO, CA 94108	94-1156357	501(C)(3)	7,500				PROGRAM SUPPORT
JEWISH COMMUNITY CTR OF SF 3200 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAMOAN COMMUNITY DEVELOPMENT CENTER 2055 SUNNYDALE AVE STE 100 SAN FRANCISCO, CA 94134	77-0290646	501(C)(3)	7,500				PROGRAM SUPPORT
SAN MATEO ROTARY FOUNDATIONS PO BOX 95 SAN MATEO, CA 94401	23-7101037	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSN OF SAN FRANCISCO 360 18TH AVE SAN FRANCISCO, CA 94121	94-0997140	501(C)(3)	7,500				PROGRAM SUPPORT
ALAMEDA CTY DPTY SHERIFFS ACTIVITIES LEAGUE 16378 E 14TH ST STE 204 SAN LEANDRO, CA 94578	83-0410537	501(C)(3)	6,500				PROGRAM SUPPORT

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

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KELSEYVILLE UNITED METHODIST CHURCH 3810 MAIN ST KELSEYVILLE, CA 95451	34-6501028	501(C)(3)	6,000				PROGRAM SUPPORT
NEW DAY FOR CHILDREN PO BOX 439 ALAMO, CA 94507	27-0406125	501(C)(3)	6,000				PROGRAM SUPPORT

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 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 ORGANIZATIONS OVERALL MISSION SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR CHARLES PROSPER - $323,743 DORI STEVENS - $130,101 SCHEDULE J, PART I, LINE 4B NONQUALIFIED RETIREMENT PLAN THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTHS OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN SUTTERS PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES THE FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN AWARD (COMMENSURATE WITH MANAGEMENT LEVEL) CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F)) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22 5 YEARS OF SERVICE TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22 5 AT AGE 65 UNLIKE SUTTER HEALTHS QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTERS NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR JULIE A PETRINI $ 69,160 CHARLES PROSPER $ 132,148

Return Reference	Explanation
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 LONG TERM PERFORMANCE PLANS SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION SUTTERS LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS SUTTER USES A COMMON FATE APPROACH IN THAT ALL LONG TERM PERFORMANCE PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS INDIVIDUAL EFFORTS THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTHS OVERALL MISSION, VISION, AND VALUES, SUTTERS LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO PAYMENT

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES CONFORTI SH SVP/COO, ASST SECRETARY SBH	(I)	0	0	0	0	0	0	0
	(II)	882,157	310,854	130,789	460,359	22,245	1,806,404	113,665
JEFF GERARD PRES SBH/SH SVP STRAT (PT-YR)	(I)	0	0	0	0	0	0	0
	(II)	810,129	336,708	170,038	324,677	16,172	1,657,724	152,115
SARAH KREVANS PRES & CEO SH, ASST SEC SBH	(I)	0	0	0	0	0	0	0
	(II)	1,678,673	842,240	329,388	1,909,372	26,449	4,786,122	300,989
JOHN GATES CFO, SH BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	662,404	161,456	88,697	85,900	15,136	1,013,593	68,409
KAREN HALL CLO, BAY AREA, SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	423,138	132,550	50,009	65,830	19,634	691,161	42,746
JULIE A PETRINI CEO, BAY AREA HOSPITALS	(I)	0	0	0	0	0	0	0
	(II)	660,698	212,445	95,919	167,780	9,926	1,146,768	0
ANNE BARR VP, INFO & OPS INTEGRATION, SH	(I)	0	0	0	0	0	0	0
	(II)	410,490	127,737	32,008	59,422	19,415	649,072	24,125
WARREN BROWNER MD CEO, CPMC	(I)	0	0	0	0	0	0	0
	(II)	622,784	356,785	112,222	168,017	16,880	1,276,688	92,119
STEPHEN GRAY CEO, EMC	(I)	0	0	0	0	0	0	0
	(II)	383,470	84,794	21,021	86,009	23,500	598,794	14,742
MAYNARD L JENKINS III SH VP, HR, BAY AREA	(I)	0	0	0	0	0	0	0
	(II)	380,953	98,545	34,228	57,998	14,611	586,335	27,660
GERALD KOZAI CEO, ABSMC (PART-YEAR)	(I)	0	0	0	0	0	0	0
	(II)	257,962	21,500	1,393	68,227	6,109	355,191	0
CYNTHIA LEE VP, STRATEGY & BUS DEV	(I)	0	0	0	0	0	0	0
	(II)	433,504	105,267	32,890	61,043	18,566	651,270	26,437
CHARLES PROSPER CEO, ABSMC (PART-YEAR)	(I)	0	0	0	0	0	0	0
	(II)	180,350	0	651,209	77,080	9,846	918,485	123,315
MICHAEL PURVIS CEO, SSRRH & NCH	(I)	0	0	0	0	0	0	0
	(II)	394,507	122,777	54,323	92,908	16,925	681,440	39,150
DORI STEVENS CEO, SUTTER DELTA MEDICAL CTR	(I)	0	0	0	0	0	0	0
	(II)	175,423	60,962	362,265	39,258	10,659	648,567	23,215
JANET A WAGNER CEO, MPHS	(I)	0	0	0	0	0	0	0
	(II)	448,358	116,940	79,779	113,861	17,076	776,014	66,955
STEVEN R CUMMINGS EXEC DIR, SF COORDINATING CTR	(I)	498,074	0	4,944	14,105	20,815	537,938	0
	(II)	0	0	0	0	0	0	0
TRACEY GAJDACS CLINICAL NURSE II	(I)	474,919	0	658	14,105	9,772	499,454	0
	(II)	0	0	0	0	0	0	0
KAREN JEU PRESIDENT, CPMC FOUNDATION	(I)	369,564	54,983	3,564	14,105	27,661	469,877	0
	(II)	0	0	0	0	0	0	0
ROBERT B MURPHY STAFF PHYSICIAN, COMM CLINIC	(I)	430,395	0	9,257	14,105	23,918	477,675	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SAMAREH H RAD COORDINATOR, TRANSFER CTR RN	(I)	499,148	600	0	14,105	24,749	538,602	0
	(II)	0	0	0	0	0	0	0
BRIAN ALEXANDER CEO, SRMC	(I)							
	(II)	402,963	97,552	22,508	78,744	15,651	617,418	18,255
MICHAEL COHILL FORMER CEO SMCS	(I)	0	0	0	0	0	0	0
	(II)	0	0	605,821	0	0	605,821	0
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	(I)	0	0	0	0	0	0	0
	(II)	663,863	239,440	292,720	180,205	20,538	1,396,766	274,829
VERNON GIANG MD CME, CPMC	(I)	0	0	0	0	0	0	0
	(II)	424,165	53,379	34,773	44,305	13,620	570,242	29,068
THERESA C GLUBKA CEO, SSCD	(I)	0	0	0	0	0	0	0
	(II)	459,643	152,351	71,917	101,080	15,200	800,191	54,879
RAJIT HUNDAL MD CME, MPHS	(I)	0	0	0	0	0	0	0
	(II)	394,908	89,175	26,855	43,405	12,041	566,384	0
HAMILA KOWNACKI COO, CPMC	(I)	0	0	0	0	0	0	0
	(II)	361,930	44,603	34,273	39,905	9,527	490,238	27,473
HENRY YU CFO HOSPITAL - WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	370,589	97,298	40,198	43,105	18,948	570,138	34,029

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUNDING 2007, 2004, 2002		X		X		X
B	CHFFA 2011B	52-1643828	13033LKW6	02-10-2011	470,318,145	CONSTRUCTION, EQUIPMENT		X		X		X
C	CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCT & REFUNDING		X		X		X
D	CHFFA 2013A	52-1643828	13033LW52	04-24-2013	487,683,000	CONSTRUCTION, EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	158,610,000	0	0	0
2	Amount of bonds legally defeased	118,730,000	0	0	0
3	Total proceeds of issue	329,041,638	472,888,501	334,684,174	497,320,472
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	472,888,501	145,589,174	497,320,472
11	Other spent proceeds	329,041,638	0	189,095,000	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2012	2014	2014

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		2 300 %		0 %		0 980 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 160 %		0 020 %		0 070 %		0 010 %
6	Total of lines 4 and 5		2 460 %		0 020 %		1 050 %		0 010 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		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	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K REPORTING	THE ORGANIZATIONS 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 $99,134,554 FROM THE 2008A ISSUE, $470,318,145 FROM THE 2011B ISSUE, $271,768,116 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, $100,000,000 FROM THE 2016C ISSUE, $15,870,248 FROM THE 2017A ISSUE, AND $699,997,776 FROM THE 2018A ISSUE

Return Reference	Explanation
SCHEDULE K, 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 2002, 2004 AND 2007 ISSUES THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 AND TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, 1991, 1992, AND 1995 THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987 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 6/20/2018, CHFFA 2011B ON 3/15/2016, AND CHFFA 2011D ON 1/13/2016

Additional Data

Software ID:

Software Version:

EIN: 94-0562680

Name: SUTTER BAY HOSPITALS

Return Reference	Explanation
SCHEDULE K REPORTING	THE ORGANIZATIONS 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 $99,134,554 FROM THE 2008A ISSUE, $470,318,145 FROM THE 2011B ISSUE, $271,768,116 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, $100,000,000 FROM THE 2016C ISSUE, $15,870,248 FROM THE 2017A ISSUE, AND $699,997,776 FROM THE 2018A ISSUE
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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2015A	52-1643828	13032UAR9	11-12-2015	204,061,105	REFUND 2005A & 1994 COPS		X		X		X
B	CHFFA 2016A	52-1643828	13032UCK2	02-03-2016	550,000,605	CONSTRUCTION, EQUIPMENT		X		X		X
C	CHFFA 2016B	52-1643828	13032UDW5	08-17-2016	901,627,093	Refund 2005BC, 2003AB & 2007A	X			X		X
D	CHFFA 2016C	52-1643828	13032UDW5	08-17-2016	100,000,000	CONSTRUCTION, EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	204,061,105	550,000,605	902,923,938	100,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	204,061,105	550,000,605	902,923,938	100,000,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion				2016

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 120 %		0 %		0 240 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 020 %		0 %	
6	Total of lines 4 and 5	0 120 %		0 %		0 260 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		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	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2017A	52-1643828	13032UNY0	07-06-2017	496,319,743	REFUND 2004CD, 2008A, 2008BC	X			X		X
B	CHFFA 2018A	52-1643828	13032URP5	04-04-2018	699,997,776	CONSTRUCTION, EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	496,319,743	699,997,776		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	496,319,743	699,997,776		
12	Other unspent proceeds	0	0		
13	Year of substantial completion		2019		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 360 %		0 060 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 030 %		0 140 %				
6	Total of lines 4 and 5		1 390 %		0 200 %				
7	Does the bond issue meet the private security or payment test?		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	ANTHONY WAGNER II IS THE SON OF BOARD CHAIR, ANTHONY WAGNER, AND IS EMPLOYED BY SBH AS AN HR BUSINESS PARTNER

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	14,810,352	INDPNDT CONTRACTOR ARRANGEMENT		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,258,559	INDPNDT CONTRACTOR ARRANGEMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	728,123	INDPNDT CONTRACTOR ARRANGEMENT		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	258,641	INDPNDT CONTRACTOR ARRANGEMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	228,728	INDPNDT CONTRACTOR ARRANGEMENT		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	184,214	INDPNDT CONTRACTOR ARRANGEMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	180,872	INDPNDT CONTRACTOR ARRANGEMENT		No
ANTHONY WAGNER II	SEE PART V	98,213	SEE PART V		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT WE ENHANCE THE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES W E SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SE RVICES FORM 990, PART III, LINE 2/PART VI, LINE 4 MERGER INFORMATION MARCH 1, 2018 SUTTE R EAST BAY HOSPITALS, A RELATED 501(C)(3) ORGANIZATION, MERGED INTO SBH FORM 990, PART II I, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS SUTTER BAY HOSPITALS (SBH) IS A GROUP OF MEDIC AL FACILITIES LOCATED IN THE SAN FRANCISCO BAY AREA AND CONSISTS OF CALIFORNIA PACIFIC MED ICAL CENTER, EDEN MEDICAL CENTER, MILLS-PENINSULA MEDICAL CENTER, NOVATO COMMUNITY HOSPITA L, SUTTER LAKESIDE HOSPITAL, SUTTER SANTA ROSA REGIONAL HOSPITAL, AND EDEN MEDICAL CENTER ALTA BATES SUMMIT MEDICAL CENTER AND SUTTER DELTA MEDICAL CENTER JOINED SUTTER BAY HOSPIT ALS ON MARCH 1ST 2018 SUTTER BAY HOSPITALS HAD A TOTAL OF 457,939 PATIENT DAYS IN 2018 C ALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NO T-FOR-PROFIT, TEACHING MEDICAL CENTERS IN CALIFORNIA CPMC IS A TERTIARY REFERRAL CENTER P ROVIDING ACCESS TO LEADING EDGE MEDICINE WHILE DELIVERING THE BEST POSSIBLE PERSONALIZED C ARE IT PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HO SPITAL CARE, HOSPICE SERVICES, PREVENTIVE AND COMPLEMENTARY CARE, AND HEALTH EDUCATION CP MC COMPRISES FOUR OF THE OLDEST HOSPITALS IN SAN FRANCISCO THE DAVIES CAMPUS, FORMERLY DA VIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SAN FRANCISCOS GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLOTHING AND HEALTH CARE THE PACIFIC CAMPUS WAS FOUNDED IN 185 7 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 WO MEN THE ST LUKE'S CAMPUS WAS FORMED IN THE 1870S AND HAD BEEN PROVIDING QUALITY HEALTH S ERVICES TO ALL SAN FRANCISCANS FOR OVER 140 YEARS ST LUKES CAMPUS CLOSED AUGUST 2018 LA STLY, THE MISSION BERNAL CAMPUS WAS COMPLETED AUGUST 2018 AND IS NOW PROVIDING QUALITY HEA LTH SERVICES TO ALL SAN FRANCISCANS TOGETHER THE DAVIES, CALIFORNIA, PACIFIC, ST LUKES A ND MISSION BERNAL CAMPUSES COMPRISE CPMCS 951 LICENSED BEDS EDEN MEDICAL CENTER (EMC)- ED EN MEDICAL CENTER IS A STATE-OF-THE-ART FACILITY THAT REPLACED THE OLD EDEN MEDICAL CENTER IN DECEMBER 2012 EDEN MEDICAL CENTER BRINGS TOGETHER PATIENT-CENTERED CARE, TECHNOLOGY A ND SOPHISTICATED DESIGN IN A LEED-CERTIFIED SUSTAINABLE AND SEISMICALLY-SAFE BUILDING THE FACILITY HAS 130 PRIVATE PATIENT ROOMS, WITH AN ADDITIONAL 34-BED UNIVERSAL CARE UNIT AND IS HOME TO THE SUTTER EAST BAY NEUROSCIENCE INSTITUTE, A PRIMARY STROKE CENTER, THE REGIO NAL LEVEL II TRAUMA CENTER FOR SOUTHERN ALAMEDA COUNTY, AND A WIDE RANGE OF CENTERS OF EXC ELLENCE INCLUDING CANCER CARE, ADVANCED IMAGING SERVICES, REHABILITATION AND COMPLETE SURG ICAL AND ACUTE-CARE SERVICES OUR AWARD-WINNING HOSPITAL WAS RECENTLY NAMED A TOP PERFORME R IN KEY QUALITY MEASURES BY T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	HE JOINT COMMISSION, A DIAGNOSTIC IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, RECEIVED HOSPITAL SAFETY SCORE A RATING BY THE LEAPFROG GROUP, RECEIVED THE GOL D AWARD FOR ORGAN DONOR REGISTRATION EFFORTS BY THE US DEPARTMENT OF HEALTH & HUMAN SERVIC ES, AND GET WITH THE GUIDELINES STROKE GOLD, GOLD PLUS ELITE, ELITE PLUS TARGET AWARDS BY THE AMERICAN STROKE ASSOCIATION EDEN WAS RECOGNIZED AS A TOP 20 HOSPITAL IN BAY AREA FOR PATIENT SATISFACTION BY THE US DEPARTMENT OF HEALTH AND A HIGH PERFORMING HOSPITAL BY THE US NEWS & WORLD REPORT EDEN ALSO WAS RECOGNIZED BY HEALTH GRADES AS ONE OF AMERICAS 100 B EST HOSPITALS, DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE, PATIENT SAFETY EXCELL ENCE AWARD, WOMENS HEALTH EXCELLENCE AWARD, STROKE CARE EXCELLENCE AWARD, CRITICAL CARE EX CELLENCE AWARD, NEUROSCIENCE EXCELLENCE AWARD AND PULMONARY CARE EXCELLENCE AWARD IN ADDI TION, EDEN WAS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION IN THE AREA OF EDUCATION FO R OUR DIABETES SELF-MANAGEMENT PROGRAM EDEN MEDICAL CENTER IS PART OF THE SUTTER HEALTH N ETWORK OF CARE, A FAMILY OF DOCTORS, NOT-FOR-PROFIT HOSPITALS AND OTHER HEALTH CARE SERVIC E PROVIDERS THAT JOIN RESOURCES AND SHARE EXPERTISE TO ADVANCE HEALTH CARE QUALITY AND ACC ESS FOR PATIENTS IN MORE THAN 100 NORTHERN CALIFORNIA CITIES AND TOWNS MILLS-PENINSULA ME DICAL CENTER (MPMC) WAS FOUNDED BY PROMINENT CALIFORNIAN ELIZABETH MILLS REID, IN 1908 WIT H JUST SIX BEDS TO MEET THE GROWING NEEDS OF THE COMMUNITY, MILLS-PENINSULA OPENED A NEW 241-BED HOSPITAL IN 2011 LOCATED IN BURLINGAME, THE 450,000 SQUARE FOOT GENERAL ACUTE CAR E HOSPITAL FEATURES 24-HOUR EMERGENCY CARE, ALL PRIVATE PATIENT ROOMS, AND FAMILY SLEEPING ACCOMMODATIONS IN ALL MEDICAL/SURGICAL, OBSTETRIC, INTENSIVE CARE, AND NEONATAL INTENSIVE CARE ROOMS AND 60 PSYCHIATRIC BEDS MPMC ALSO INCLUDES - MILLS HEALTH CENTER IN SAN MATE O WHICH PROVIDES A WIDE RANGE OF OUTPATIENT SERVICES, INCLUDING SURGERY, REHABILITATION AN D DIAGNOSTICS THE MILLS HEALTH CENTER IS ALSO HOME TO MILLS-PENINSULAS INPATIENT REHABILI TATION PROGRAM - MILLS-PENINSULA SENIOR FOCUS PROGRAM SERVING AS EDUCATOR, SERVICE PROVID ER, AND ADVOCATE FOR ELDERS BOTH IN THE HOSPITAL AND AT HOME IN THE COMMUNITY OUR AWARD-W INNING HOSPITAL HAS BEEN RECOGNIZED BY THE FOLLOWING ORGANIZATIONS - HEALTHGRADES AMERICA 'S 50 BEST HOSPITALS MILLS-PENINSULA IS IN THE TOP 1% OF HOSPITALS IN THE NATION FOR PROV IDING OVERALL CLINICAL EXCELLENCE ACROSS A BROAD SPECTRUM OF CONDITIONS AND PROCEDURES CON SISTENTLY FOR SIX OR MORE CONSECUTIVE YEARS - AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD - U S NEWS & WORLD REPORT AMONG THE TOP HOSPITALS IN NORTHERN CALIFORNIA METRO AREA - AMERICAN COLLEGE OF SURGEONS NATION AL SURGICAL QUALITY IMPROVEMENT PROGRAM - EXEMPLARY OUTCOMES FOR SURGICAL CARE - THE JOIN T COMMISSION - RECOGNIZED AS TOP PERFORMER FOR HEART ATTACK, HEART FAILURE, PNEUMONIA, SUR GICAL CARE AND PERINATAL CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	- FIVE STAR RATING FROM CMS EARNED FIVE STARS THE HIGHEST RANKING POSSIBLE FROM THE CENTE RS FOR MEDICARE AND MEDICAID SERVICES (CMS) ONLY 7 87 PERCENT OF THE 3,725 HOSPITALS EVAL UATED ACROSS THE U S RECEIVED A FIVE-STAR RATING MENLO PARK SURGICAL HOSPITAL - PALO ALT O MEDICAL FOUNDATIONS MENLO PARK SURGICAL HOSPITAL PROVIDES AN INTIMATE AND CARING ALTERNA TIVE TO THE TRADITIONAL SURGICAL EXPERIENCE OUR 16-BED ACUTE CARE SURGICAL FACILITY IS SI TUATED IN THE HEART OF THE PENINSULA, SOUTH OF SAN FRANCISCO OUR PATIENTS STAY IN SPACIOU S, PRIVATE SUITES THAT OFFER SPECIAL AMENITIES TO BOTH PATIENTS AND VISITORS IF PATIENTS WISH, THEY MAY HAVE A LOVED ONE STAY WITH THEM IN THEIR ROOM OVERNIGHT MENLO PARK SURGICA L HOSPITAL ACCOMMODATES BOTH INPATIENT AND OUTPATIENT PROCEDURES AND IS ACCREDITED BY THE JOINT COMMISSION SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ OPENED IN 1996 AND OFF ERS STATE-OF-THE-ART MATERNITY AND MEDICAL/SURGICAL SERVICES, COMBINING PATIENT-CENTERED C ARE AND FAMILY CONVENIENCE WITH THE SAFETY AND SECURITY OF A LICENSED AND ACCREDITED ACUTE CARE HOSPITAL WITH 30 LICENSED BEDS, DOCTORS AND MIDWIVES STAFF OUR MATERNITY SERVICES THE FACILITY HAS SIX OPERATING ROOMS, THREE PROCEDURE SUITES, 12 BIRTHING SUITES AND 16 ME DICAL/SURGICAL PATIENT SUITES THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION S UTTER MATERNITY & SURGERY CENTER HAS EARNED RECOGNITIONS THAT INCLUDE - THE LEAPFROG GROU P TOP HOSPITAL - CENTERS FOR MEDICARE & MEDICAID SERVICES FIVE-STAR QUALITY RATING - HUMAN RIGHTS CAMPAIGN 2017 LEADER IN LGBTQ HEALTHCARE EQUALITY - BABY-FRIENDLY HOSPITAL DESIGNA TION 2017 RE-CERTIFICATION BY THE WORLD HEALTH ORGANIZATION, UNITED NATIONS CHILDRENS FUN D - HUMAN RIGHTS CAMPAIGN FOUNDATION | LEADER IN LGBT HEALTHCARE EQUALITY - THE JOINT COMM ISSION | RECOGNIZED AS TOP PERFORMER FOR SURGICAL CARE AND PERINATAL CARE 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, INPATIE NT/OUTPATIENT SURGERY, A CRITICAL CARE UNIT, IMAGING SERVICES, OUTPATIENT LABORATORY, PHYS ICAL THERAPY AND IS NOTED FOR ITS ORTHOPEDIC SURGERY PROGRAM SUTTER SANTA ROSA REGIONAL H OSPITAL (SSRRH), FORMERLY SUTTER MEDICAL CENTER SANTA ROSA, HAS A LONG HISTORY IN SONOMA C OUNTY DATING BACK TO 1866 WHEN THE HOSPITAL FIRST OPENED THE 84 BED STATE-OF-THE ART MEDI CAL FACILITY OPENED IN 2014 WITH A FULL RANGE OF FIVE-STAR PERSONALIZED CARE SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SUTTER LAKESIDE HOSPITAL (LAKESIDE) IS A 30 BED CRITICAL ACCESS HOSPITAL AND IS ONE OF ONL Y TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUNTY, CALIFORNIA SUTTER LAKESID E 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 LAKESIDE HOSPITAL (LAKESIDE) IS A 30 BED CRITICA L ACCESS HOSPITAL AND IS ONE OF ONLY TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUNTY, CALIFORNIA SUTTER LAKESIDE PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, SURGICAL SERVICES, FAMILY BIRTH SERVICES, PREVEN TIVE CARE, AND PRIMARY CARE THROUGH OUR CLINICS AND HEALTH EDUCATION ALTA BATES SUMMIT ME DICAL CENTER (ABSMC) IS LOCATED ON THREE CAMPUSES IN OAKLAND AND BERKELEY IT IS LICENSED FOR 825 ACUTE CARE BEDS AND 68 PSYCH BEDS ABSMC OPERATES MEDICAL CENTER MAGNETIC IMAGING, A FREESTANDING IMAGING CENTER, AND ALTA BATES PERINATAL CENTER SPECIALTY HOSPITAL SERVIC ES INCLUDE THE FOLLOWING ACUTE REHABILITATION, BARIATRICS, BEHAVIORAL HEALTH, CARDIOVASCU LAR SURGERY, COMPREHENSIVE COMMUNITY CANCER CENTER, EAST BAY AIDS CLINIC, LEVEL III NICU - FIVE STAR RATING FROM CMS THE HIGHEST RANKING POSSIBLE FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ONLY 7 87 PERCENT OF THE 3,725 HOSPITALS EVALUATED ACROSS THE U S RECEIVED A FIVE-STAR RATING - AMERICAN COLLEGE OF SURGEONS | MERITORIOUS AWARD FOR QUA LITY OF SURGICAL CARE, NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (6 YEARS IN A ROW) - FOR EIGHT CONSECUTIVE YEARS, ALTA BATES SUMMIT HAS EARNED THE AMERICAN HEART ASSOCIATION/A MERICAN STROKE ASSOCIATIONS (AHA/ASA) GET WITH THE GUIDELINES GOLD PLUS QUALITY ACHIEVEMEN T AWARD IN ADDITION, ALTA BATES SUMMIT ACHIEVED THE TARGET STROKE ELITE HONOR ROLL AWARD FOR THE QUICK TREATMENT OF STROKE PATIENTS WITH THE CLOT-BREAKING DRUG TISSUE PLASMINOGEN ACTIVATOR, OR TPA - HEALTHGRADES AMERICA'S 250 BEST HOSPITALS ALTA BATES SUMMIT IS IN T HE TOP 5% OF HOSPITALS IN THE NATION FOR PROVIDING OVERALL CLINICAL EXCELLENCE ACROSS A BR OAD SPECTRUM OF CONDITIONS AND PROCEDURES CONSISTENTLY FOR SIX OR MORE CONSECUTIVE YEARS - CALIFORNIA HEALTH AND HUMAN SERVICES HONORED ALTA BATES SUMMIT AS BEING AMONG THE LOWEST CESAREAN SECTION (C-SECTION) RATES IN THE STATE AND REDUCING C-SECTIONS FOR FIRST-TIME MO MS WITH LOW-RISK PREGNANCIES - ALTA BATES SUMMITS ACUTE REHABILITATION PROGRAM RECEIVED A FULL THREE YEAR CARF ACCREDITATION FOR OUR COMPREHENSIVE INPATIENT PROGRAM, STROKE SPECIA LTY PROGRAM, BRAIN INJURY SPECIALTY PROGRAM, SPINAL CORD INJURY SPECIALTY PROGRAM, AND CAN CER REHABILITATION SPECIALTY PROGRAMS - ORTHOPEDIC EXCELLENCE ALTA BATES SUMMITS ORTHOPED IC PROGRAM RECEIVED A DISEASE SPECIFIC JOINT COMMISSION ACCREDITATION AS A CENTER OF EXCEL LENCE FOR HIP AND KNEE REPLACEMENT AT BOTH ASHBY AND SUMMIT CAMPUSES - ALTA BATES SUMMIT IS THE FIRST HOSPITAL IN NORTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ERN CALIFORNIA TO BE DESIGNATED A ROBOTIC HERNIA MENTOR/CASE OBSERVATION SITE BY INTUITIVE SURGICAL, MANUFACTURER OF DA VINCI THE COMPANY NOW SENDS PHYSICIANS FROM AROUND THE COUN TRY TO ALTA BATES SUMMIT TO LEARN ADVANCED TECHNIQUES, AS WELL AS HOW TO RUN A SAFE, EFFIC IENT, PROFITABLE ROBOTICS PROGRAM - ALTA BATES SUMMIT'S COMPREHENSIVE CANCER CENTER EARNE D A THREE-YEAR ACCREDITATION FROM THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE O F SURGEONS - U S NEWS & WORLD REPORT RECOGNIZED ALTA BATES SUMMIT FOR FOUR "HIGH- PERFOR MING" SPECIALTIES HEART BYPASS SURGERY, HEART FAILURE, COLON CANCER SURGERY & ORTHOPEDICS - ALTA BATES SUMMIT EARNED THE SOCIETY OF THORACIC SURGEONS (STS) PRESTIGIOUS 3 STAR RAT ING THE 3 STAR RATING REPRESENTS THE HIGHEST AWARD FOR HEART SURGERY PRACTICES PARTICIPAT ING IN STS NATIONAL SPECIALTY DATABASE - NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTER S (NAPBC) | ALTA BATES SUMMITS BREAST HEALTH PROGRAM EARNED A THREE-YEAR ACCREDITATION DES IGNATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADM INISTERED BY THE AMERICAN COLLEGE OF SURGEONS SUTTER DELTA MEDICAL CENTER (SDMC) IS LOCAT ED IN ANTIOCH, CA SDMC IS LICENSED FOR 145 ACUTE CARE BEDS AND IS A DESIGNATED STEMI RECE IVING CENTER SPECIALTY HOSPITAL SERVICES INCLUDE BREAST HEALTH, WOUND CARE CENTER, ONCOLO GY, PAIN MANAGEMENT, NEONATAL ICU, DIABETES, HEART FAILURE AND COPD SUTTER BAY HOSPITALS CLINICAL PROGRAMS INCLUDE - ARTHRITIS SUPPORT SERVICES PROGRAM - ASTHMA EDUCATION PROGRAM - ASTHMA MANAGEMENT RESOURCE CENTER - BREAST FEEDING CENTERS - BREAST FEEDING SUPPORT PRO GRAM - BREAST HEALTH CENTERS - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANC ER RECOVERY PROGRAMS - CARE TRANSITIONS NURSE PROGRAM AND ED NAVIGATOR PROGRAM - COMING HO ME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY EVENT DONATIONS AND SPONSORSHIPS - COMMUNITY HEALTH FAIRS AND EDUCATION - COMMUNITY HEALTH RESOURCE CENTER - C OMPREHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRAM - DIABETES DISCHARGE PROGRAM (DDP) - DISABLE COMMUNITY HEALTH CLINIC - END-STAGE ORGAN FAILURE/TRANSPLANTATION PROGRAMS (HEA RT, KIDNEY, LIVER, PANCREAS) - EVERY WOMAN COUNTS/SAVE A LIFE SISTER - FORBES NORRIS MDA/A LDS CENTER - HAND CLINIC - HOSPITALIST PROGRAM - HEALTHY FAMILIES, MEDI CAL AND COUNTY ENR OLLMENTS - HOSPITAL QUALITY ASSURANCE CHFT PLEDGE - INFANT FOLLOW-UP PROGRAM - INSTITUTE F OR HEALTH AND HEALING - IRENE SWINDELLS ALZHEIMER'S RESIDENTIAL CARE CENTER - LABOR AND DE LIVERY PARENT EDUCATION/CHILDBIRTH EDUCATION PROGRAM - LA CLINICAL PITTSBURG CLINIC - LION S EYE CLINIC - LOW VISION REHABILITATION CENTER - NEONATAL TRANSPORT - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFIC VISION FOUNDATION - PALLIATIVE CARE PROGRAM - P HYSICAL AND OCCUPATIONAL THERAPY EDUCATIONAL PROGRAM - PSYCHIATRIC EVALUATION REIMBURSEMEN T TO ON CALL PHYSICIAN - REHABILITATION SERVICES (ACUTE AND OUTPATIENT) - REHAB CAREGIVERS SUPPORT GROUP - RESIDENCY TRA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	INING AND FELLOWSHIP PROGRAMS - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTITUTE (THEY ARE INDEPENDENT OF CPMC) - SPECIAL CARE NURSERY SUBSIDIZED SERVICE - SPECIAL CONNECT IONS PROGRAM - STROKE SUPPORT GROUP PROGRAM - SUB-ACUTE CARE PROGRAM - SUPPORT AFTER NEONA TAL DEATH (SAND) - TELEMEDICINE SERVICE (STROKE) - TELE-CARE PROGRAM - THE PARENT SHARE SU PPORT PROGRAM - VISITING NURSES AND HOSPICE OF SAN FRANCISCO - VENTRICULAR ASSIST DEVICE (VAD) PROGRAM - WHITNEY NEWBORN ICU FOLLOW-UP CLINIC - WOMEN'S HEALTH PROGRAMS - WOMEN'S HE ALTH RESOURCE CENTER

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	CLINICAL SERVICE OFFERINGS INCLUDE - AIDS & HIV SERVICES - ALZHEIMER'S (TRANSITIONED TO C OMMUNITY PARTNER JULY 2018) - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVICES - C ARDIOVASCULAR SERVICES - CHRONIC DISEASE SERVICES - CLINICAL LABORATORY - COMPLEMENTARY ME DICINE - 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 EN DOSCOPY SERVICES - KALMONOVITZ CHILD DEVELOPMENT CENTERS - MEDICAL TRANSPORT SERVICES - MI CROSURGERY AND LIMB SALVAGE SERVICES - NEONATAL INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOG Y SURGERY - NUCLEAR MEDICINE - NUTRITION AND WEIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OLDER ADULT SERVICES - ONCOLOGY SERVICES - OPHTHALMOLOGY - ORGAN TR ANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT CLINICS & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEPARTMENT - PEDIATRIC SPECIALTY SERVICES - PERIOPERATIVE SERVICES (O R AND POST-ANESTHESIA RECOVERY UNIT) - PHARMACY - PHYSICAL MEDICINE & REHABILITATION SERVI CES - PSYCHIATRY - RADIOLOGY & DIAGNOSTIC IMAGING - REHABILITATION SERVICES - RESPIRATORY CARE - SURGICAL SERVICES/AMBULATORY SURGERY - URGENT CARE CENTER - WOUND CARE - WOMEN AND INFANT SERVICES - WOMEN'S SERVICES NON-CLINICAL SERVICES INCLUDE - ABSMC NURSING EDUCATIO N - ADMINISTRATIVE SERVICES - CARE TRANSITIONS NURSE PROGRAM AND ED NAVIGATOR PROGRAM - CH APLAINCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING M EDICAL EDUCATION - HEALTH MINISTRY PROGRAM - HEALTH SCIENCE LIBRARIES - INTERPRETER SERVIC ES - INTERIM CARE PROGRAM FOR HOMELESS - MPI - PATIENT ASSISTANCE FUND - PATIENT SERVICES - RESEARCH INSTITUTE - SURGICAL TRAINING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIF ORNIA PACIFIC MEDICAL CENTER FOUNDATION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - S AMUEL MERRITT COLLEGE - SCHOLARSHIPS AND FUNDING FOR PROFESSIONAL EDUCATION - SUTTER LAKES IDE FOUNDATION - THUNDER ROAD - TRANSPORTATION - TUITION REIMBURSEMENT - YOUTH BRIDGE CARE ER DEVELOPMENT PROGRAM COMMUNITY BENEFIT THE MEDICAL FACILITIES IN SUTTER BAY HOSPITALS (S BH) PLAY INTEGRAL ROLES IN PROVIDING DIRECT HEALTH CARE SERVICES AS WELL AS MONETARY GRANT S OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMMUNITY HEALTH NEEDS OF VUL NERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNITIES THE COMMUNITY BENEF IT REPRESENTATIVES OF SBH WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERS E NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHB ORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPR IATE 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

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	FISCAL YEAR 2018, SUTTER BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF $291 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED $5,922,712 COMMUNITY HEALTH IMPROVE MENT SERVICES, $34,092,429 IN HEALTH PROFESSIONALS EDUCATION, $35,332,187 SUBSIDIZED HEALT H SERVICES, $6,479,411 IN RESEARCH, $17,527,533 IN FINANCIAL AND IN-KIND CONTRIBUTIONS, $1 61,794 IN COMMUNITY BUILDING ACTIVITIES AND $1,883,669 IN COMMUNITY BENEFIT OPERATIONS, WH ILE PROVIDING $47,132,675 IN FINANCIAL ASSISTANCE WITH MEANS-TESTED PROGRAMS OF $9,305,004 AND MEDICAID $133,204,513

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Return Reference	Explanation
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO BYLAWS FORMER EX OFFICIO DIRECTORS INCLUDED THE PRESIDENT OF THE CORPORATION AND CHIEF OPERATING OFFICER OF THE GENERAL MEMBER AND THERE WOULD BE ONE DESIG NATED DIRECTOR REVISED IF THERE IS A CHIEF OPERATING OFFICER OF THE GENERAL MEMBER THAT PERSON SHALL BE AN EX OFFICIO DIRECTOR AND UP TO 2 INDIVIDUALS DESIGNATED BY THE PRESIDENT AND CEO OF THE GENERAL MEMBER SHALL BE DESIGNATED DIRECTORS IF THERE IS NO ONE WITH THE TITLE CHIEF OPERATING OFFICER THEN UP TO THREE INVIDIVUALS SHALL BE DESIGNATED DIRECTORS FORM 990, PART VI, LINE 6 & 7A CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THIS COR PORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATI ON SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE ME MBERS OF THE BOARD OF DIRECTORS FORM 990, PART VI, LINE 7B CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANI ZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT COR PORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APP LICABLE 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, TH E MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OF DIRE CTORS A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, B AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATI ON OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, C ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONS OLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CO RPORATION, D ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIAT E ENTITY, E AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED AP PROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIM E TO TIME BY THE GENERAL MEMBER, F LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LI MITED 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 BETWE EN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, H THE CR EATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY, I CONTRACTING WITH AN UNRELA TED THIRD PARTY FOR ALL OR SUB

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Return Reference	Explanation
FORM 990, PART VI, LINE 4	STANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION ORANY SUBS IDIARY 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 CORPOR ATION 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 AFFILI ATE 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 APP ROVAL

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Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990 SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED FORM 990, PART VI, LINE 12 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, OFFICERS AND KEY EMPLOYEES 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 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 THE BOARD MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR (OR COMMITTEE CHAIR AS APPLICABLE) MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL LEAVE THE ROOM PRIOR TO THE BOARDS FINAL DISCUSSION AND VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (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 COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT ON THE OTHER HAND, BECAUSE CALIFORNIAS UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY ADJUSTMENTS MAY BE MADE OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL ANNUALLY, AND SUCH APPROVAL IS RECORDED IN THE MINUTES THE 2018 EXECUTIVE COMPENSATION APPROVAL WAS COMPLETED IN DECEMBER 2017

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Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY & FINANCIAL STATEMENTS 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

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Return Reference	Explanation
FORM 990, PART VII, SECTION A	COMPENSATION OF BOARD MEMBERS 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 MEMBERS OF THE ORGANIZATION ARE FULL-TIME EMPLOYEES (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARIES ARE REPORTED HEREIN THESE INDIVIDUALS RECEIVE NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBERS OF THIS ORGANIZATION - JAMES CONFORTI - SARAH KREVANS - JEFF GERARD INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID FULLTIME BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF SUTTER HEALTH, A SEPARATE LEGAL ENTITY IT IS THE INTENTION OF SUTTER HEALTH AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE SUTTER HEALTH EMPLOYEES WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFERS (NET) $ (71,816,211) TRANSFER FROM SEBH DUE TO MERGER 5,407,791 PARTNERSHIP INCOME BOOKED ON RETURN 24,376,596 K-1 ACTIVITY (26,919,090) OTHER CHANGES IN NET ASSETS 1,634,463 ---------- TOTAL $ (67,316,451) ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CATHEDRAL HEIGHTS LLC PO BOX 7999 SAN FRANCISCO, CA 94120 20-0511266	RENTAL PROP	CA	0	0	NA
(2) MEDICAL CENTER MAGNETIC IMAGING LLC 350 HAWTHORNE AVE OAKLAND, CA 94609 56-2442446	HEALTHCARE	CA	827,132	593,454	NA
(3) ALTA BATES SUMMIT MED CTR SURG PRPTY CO 350 HAWTHORNE AVE OAKLAND, CA 94609	BLDG RENTAL	CA	1,506	40,732	NA

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.

See Additional Data Table

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

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	NA	C CORP				Yes	
(2)NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPA	CJ	NA	TRUST				Yes	
(3)HEALTH VENTURES INC 350 HAWTHORNE AVE OAKLAND, CA 94609 94-2918780	HEALTH SERVICES		SUTTER BH	C CORP	3,711,722	3,258,607	100 000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
450 30TH STREET STE 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	12C III-FI	NA		No
91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	Yes	
745 FORT STREET SUITE 1110 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SURGERY CENTER OF ALTA BATES SMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	SUTTER BH	RELATED	6,986,875	7,073,176		No	0	Yes		51 865 %
(1) ALTA CT SERVICES LP 175 LENNON WALNUT CREEK, CA 94598 94-3083464	PATIENT CARE	CA	SUTTER BH	RELATED	-288,804	67,242		No	0	Yes		83 765 %
(2) CA PACIFIC ADV IMAG PO BOX 6102 NOVATO, CA 94598 56-2311840	MRI JOINT VENTURE	DE	SUTTER BH	RELATED	954,157	618,433		No	0	Yes		51 000 %
(3) SAN FRANCISCO ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2160588	ENDOSCOPY JV	CA	SUTTER BH	RELATED	4,014,395	1,321,664		No	0	Yes		51 000 %
(4) PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SAN FRANCISCO, CA 94115 32-0144060	AMBULATORY SURG	CA	SUTTER BH	RELATED	10,323,329	6,754,516		No	0	Yes		51 000 %
(5) SUTTER FAIRFIELD SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 30-0233892	SURGERY	CA	NA									
(6) SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA									
(7) ROSEVILLE ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 87-0710513	ENDOSCOPY JV	CA	NA									
(8) STANISLAUS SURGICAL HOSPITAL LLC 1421 OAKDALE ROAD MODESTO, CA 95355 91-1754157	SURGERY	CA	NA									
(9) MEMORIAL MEDICAL BUILDING 1 1800 COFFEE RD 76 MODESTO, CA 95355 77-0234236	OFFICE RENTAL	CA	NA									
(10) MEMORIAL MEDICAL BUILDING 2 1800 COFFEE RD 76 MODESTO, CA 95355 77-0287288	N/A	CA	NA									
(11) MAGNETIC IMAGING AFFILIATES LLC 2125 OAK GROVE ROAD WALNUT CREEK, CA 94598 47-3696091	PATIENT CARE	CA	SUTTER BH	RELATED	2,269,705	9,624,724		No	0	Yes		80 000 %
(12) ASC OPERATORS - SANTA ROSA LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-3386169	N/A	CA	NA									
(13) ASC OPERATORS - SAN LUIS OBISPO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-2673776	PATIENT CARE	CA	NA									
(14) LA JOLLA ORTHOPEDIC SURGERY CENTER LLC 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4397467	OUTPATIENT SURG	CA	SOS									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CARLSBAD SURGERY CENTER LLC 6121 PASEO DEL NORTE STE 100 CARLSBAD, CA 92011 20-1413484	OUTPATIENT SURG	CA	SOS									
(1) COAST CTR FOR ORTHOPEDIC & ARTHROSCOPIC 3444 KEARNY VILLA ROAD SAN DIEGO, CA 92123 33-0839637	OUTPATIENT SURG	CA	SOS									
(2) OTAY LAKES SURGERY CENTER LLC 955 LANE AVE SUITE 100 CHULA VISTA, CA 91914 20-0794766	OUTPATIENT SURG	CA	SOS									
(3) ICG CREDIT OPPORTUNITIES FUND LP 11111 SANTA MONICA BLVD SUITE 2100 LOS ANGELES, CA 90025 81-4220441	INVESTMENTS	CA	NA									
(4) MADISON INTERNATIONAL GLOBAL VALUE REAL 410 PARK AVENUE 10TH FLOOR NEW YORK, NY 10022 98-1310251	INVESTMENTS	NY	NA									
(5) SAN FRANCISCO PEDIATRIC VENTURE LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4474910	PATIENT CARE		SUTTER BH	RELATED	-850	790,000		No	0	Yes		50 000 %

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BETTER HEALTH EAST BAY FOUNDATION	M	1,971,136	FMV
(1)	BETTER HEALTH EAST BAY FOUNDATION	C	6,590,379	FMV
(2)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	Q	4,315,542	FMV
(3)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	M	8,291,047	FMV
(4)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	16,012,522	FMV
(5)	EAST BAY PERINATAL CENTER	R	1,932,620	FMV
(6)	EAST BAY PERINATAL CENTER	J	157,164	FMV
(7)	HEALTH VENTURES INC	P	1,757,278	FMV
(8)	MAGNETIC IMAGING AFFILIATES LLC	J	351,771	FMV
(9)	MILLS PENINSULA HOSPITAL FOUNDATION	Q	6,992,348	FMV
(10)	MILLS PENINSULA HOSPITAL FOUNDATION	M	2,041,060	FMV
(11)	MILLS PENINSULA HOSPITAL FOUNDATION	C	7,734,158	FMV
(12)	SAMUEL MERRITT UNIVERSITY	P	417,424	FMV
(13)	SAMUEL MERRITT UNIVERSITY	J	3,333,330	FMV
(14)	SAN FRANCISCO PEDIATRIC VENTURE LLC	P	197,500	FMV
(15)	SUTTER INSURANCE SERVICES CORPORATION	P	29,562,798	FMV
(16)	SUTTER BAY MEDICAL FOUNDATION	Q	89,001	FMV
(17)	SUTTER BAY MEDICAL FOUNDATION	J	9,478,835	FMV
(18)	SUTTER BAY MEDICAL FOUNDATION	C	1,548,150	FMV
(19)	SUTTER BAY MEDICAL FOUNDATION	B	298,947	FMV
(20)	SUTTER BAY MEDICAL FOUNDATION	K	287,638	FMV
(21)	SUTTER HEALTH PLAN	S	64,130,162	FMV
(22)	SUTTER VALLEY HOSPITALS	Q	336,522	FMV
(23)	SUTTER VISITING NURSE ASSOCIATION & HOSPICE	P	193,625	FMV
(24)	THE SGRY CTR OF ALTA BATES SUMMIT MEDICAL CTR	J	544,648	FMV