

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 2,834,038,412	including grants of \$ 16,980,111)	(Revenue \$ 3,392,411,061)
See Additional Data				























4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	2,834,038,412
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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	No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 848	
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	14,335	2b	Yes	
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 18		
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 14		
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 BLVD ROSEVILLE, CA 95747 (916) 286-6665

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 ☒

☒

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,961,973	18,793,061	5,067,984

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 ▶ 5,079

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	22,035,523
ACUTE CARE SURGERY MEDICAL GROUP IN, PO BOX 1528 SACRAMENTO, CA 958121528	PHYSICIAN SERVICES	6,508,103
CROTHALL LAUNDRY SERVICES INC, 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	LAUNDRY SERVICES	6,041,089
MEDICAL GROUP INC, 1300 ETHAN WY STE 600 SACRAMENTO, CA 958252296	PHYSICIAN SERVICES	5,632,699
CENTRAL ANESTHESIA SVC EXCHANGE MED, PO BOX 660910 SACRAMENTO, CA 958660910	ANESTHESIOLOGY SRVRS	5,490,479

<p>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 ▶ 349</p>	
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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	175,450		
	d	Related organizations	1d	7,472,873		
	e	Government grants (contributions)	1e	873,226		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	452,089		
	g	Noncash contributions included in lines 1a - 1f \$	54,000			
	h	Total. Add lines 1a-1f	8,973,638			
Program Service Revenue			Business Code			
	2a	PATIENT SERVICE REVENUE	621110	3,379,701,765	3,379,701,765	
	b	RENTAL TO AFFILIATES	621110	11,306,953	11,306,953	
	c	HEALTHCARE RELATED JV INCOME	621110	1,402,343	1,402,343	
	d				
	e				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	3,392,411,061			

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,262,294			2,262,295	
	4	Income from investment of tax-exempt bond proceeds			0				
	5	Royalties			0				
	6a	Gross rents	(i) Real	(ii) Personal					
			2,842,207						
		b	Less rental expenses	1,031,877					
		c	Rental income or (loss)	1,810,330	0				
	d	Net rental income or (loss)			1,810,330			1,810,330	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			687,169	3,314,763					
		b	Less cost or other basis and sales expenses		1,643,723				
		c	Gain or (loss)	687,169	1,671,040				
	d	Net gain or (loss)			2,358,209			2,358,209	
	8a	Gross income from fundraising events (not including \$ 175,450 of contributions reported on line 1c) See Part IV, line 18	a	85,853					
		b	Less direct expenses	b	64,701				
		c	Net income or (loss) from fundraising events			21,152			21,152
	9a	Gross income from gaming activities See Part IV, line 19	a	10,915					
		b	Less direct expenses	b	189				
		c	Net income or (loss) from gaming activities			10,726			10,726
	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	PARKING	812930		181,707		181,707			
b	LABORATORY	621500		180,276		180,276			
c								
d	All other revenue								
e	Total. Add lines 11a-11d			361,983					
12	Total revenue. See Instructions			3,408,209,393	3,392,411,061	361,983	6,462,712		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	16,207,876	16,207,876		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	772,235	772,235		
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.	4,000	4,000		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	25,642	25,642		
7 Other salaries and wages.	983,340,767	912,148,642	70,979,548	212,577
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	84,977,972	78,825,903	6,152,069	
9 Other employee benefits.	344,691,707	319,737,391	24,852,691	101,625
10 Payroll taxes.	83,946,546	77,869,148	6,077,398	
11 Fees for services (non-employees):				
a Management.	10,816,060	1,082,028	9,734,032	
b Legal.	2,560,140	2,560,140		
c Accounting.	270,553		270,553	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	387,405		387,405	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	146,047,243	129,999,043	16,048,200	
12 Advertising and promotion.	26,798		26,798	
13 Office expenses.	30,003,085	23,763,836	6,236,708	2,541
14 Information technology.	132,355,173	74,548,439	57,806,734	
15 Royalties.	0			
16 Occupancy.	44,615,796	42,608,859	2,006,937	
17 Travel.	2,108,389	1,498,391	608,117	1,881
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,094,122	838,278	255,844	
20 Interest.	30,433,763	30,433,763		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	170,996,579	147,268,988	23,727,591	
23 Insurance.	23,484,225	19,091,050	4,393,175	
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	454,161,860	454,161,860		
b PROVIDER FEE	137,021,775	137,021,775		
c CAPITATED SERVICES	133,314,610	133,314,610		
d SYSTEM ALLOCATIONS	182,741,889	100,831,385	81,772,373	138,131
e All other expenses	140,685,951	129,425,130	11,221,407	39,414
25 Total functional expenses. Add lines 1 through 24e.	3,157,092,161	2,834,038,412	322,557,580	496,169
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		42,848,654	2	45,877,865
	3	Pledges and grants receivable, net		277,482	3	188,146
	4	Accounts receivable, net		395,638,546	4	363,386,176
	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		41,329,146	8	42,113,463
	9	Prepaid expenses and deferred charges		15,548,487	9	15,060,343
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 3,113,407,673			
	b	Less: accumulated depreciation	10b 1,570,576,801	1,534,711,769	10c	1,542,830,872
	11	Investments—publicly traded securities		11,953,306	11	3,176,955
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		1,179,224	13	1,189,213
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		361,659,539	15	336,060,857
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,405,146,153	16	2,349,883,890	
Liabilities	17	Accounts payable and accrued expenses		480,458,420	17	423,940,394
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,014,890,127	20	993,402,344
	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		5,163,444	23	5,249,812
	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		19,337,073	25	21,708,212
	26	Total liabilities. Add lines 17 through 25		1,519,849,064	26	1,444,300,762
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		882,877,974	27	903,781,865
	28	Temporarily restricted net assets		2,419,115	28	1,796,308
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		885,297,089	33	905,583,128	
34	Total liabilities and net assets/fund balances		2,405,146,153	34	2,349,883,890	

Part XI Reconciliation of Net AssetsCheck 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	3,408,209,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,157,092,161
3	Revenue less expenses Subtract line 2 from line 1	3	251,117,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	885,297,089
5	Net unrealized gains (losses) on investments	5	-1,107,005
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	-229,724,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	905,583,128

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER VALLEY 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			
David Adkins MD Director	2 0 2 0	X						0	0	0
Timothy Byrd Director	2 0 2 0	X						0	0	0
James Conforti SH SVP / COO	2 0 4 0 40 0	X		X				0	1,323,800	482,604
Viva Ettin MD Director	2 0 2 0	X						0	0	0
Bronwyn Fields RN Director	2 0 2 0	X						0	0	0
Dan Flores Director	2 0 2 0	X						0	0	0
Gary Hooper Director	2 0 2 0	X						0	0	0
Scott Howell Director	2 0 2 0	X						0	0	0
I-Mei Hsiu MD Director	2 0 2 0	X						0	0	0
Peter Hull MD Director/CME, SRMC	2 0 40 0	X						0	403,550	52,484

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			
Sarah Krevans President & CEO, Sutter Health	4 0 40 0	X		X				0	2,850,301	1,935,821
Maria Pallavicini Director	2 0 2 0	X						0	0	0
Pat Pathipati Director	2 0 2 0	X						0	0	0
Fatima Seward DIRECTOR, CHAIR F&P	4 0 4 0	X		X				0	0	0
Kurt Shuler MD Director	2 0 3 0	X						4,000	0	0
Todd Smith MD Director	2 0 2 0	X						0	0	0
Helen Thomson Director/Chair	4 0 4 0	X		X				0	0	0
Jerry Tokunaga Director	2 0 2 0	X						0	0	0
Grant Davies CEO, Valley Area Hospitals	2 0 40 0			X				0	1,196,023	200,742
Paige Terra CFO, SH Valley Area	2 0 40 0			X				0	712,555	101,349

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			
Penny Westfall CHIEF LEGAL OFC SH VALLEY AREA	2 0 40 0			X				0	570,753	76,422
Brian Alexander CEO, SRMC (part-year)	0 0 40 0				X			0	523,023	94,395
Pat Brady CEO, SRMC (PART-YEAR)	0 0 40 0				X			0	381,142	3,093
David Cheney CEO, SMCS	0 0 40 0				X			0	704,112	168,752
Abhishek Dosi CEO, SSMC	0 0 40 0				X			0	375,025	103,758
Daryn Kumar CEO, MMC (part-year)	0 0 40 0				X			0	717,755	49,564
Jennifer Maher CEO, SRMC (PART-YEAR)	0 0 40 0				X			0	426,109	59,908
Eugene Patrizio CEO, MMC (part-year)	0 0 40 0				X			0	224,803	51,421
Jeffrey D Szczesny VP, HR, SH Valley area	0 0 40 0				X			0	551,184	79,076
Jose A Arevalo Chief Medical Officer	40 0 0 0					X		381,686	0	37,807

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			
Lisa Cassaday Staff Nurse II	40 0 0 0					X		331,661	0	29,459
Sherry E Emick VAD Clinical Specialist-RN	40 0 0 0					X		310,878	0	35,225
Linda Horn Executive Consultant	40 0 0 0					X		615,407	0	18,948
Russiel M Roper Mgr, Assistant Nurse	40 0 0 0					X		318,341	0	34,991
Doug Archer ADMIN, MEMORIAL HOSP LOS BANOS	0 0 40 0						X	0	320,997	48,873
Mitch Hanna CEO, SCH & SAFH	0 0 40 0						X	0	558,365	113,352
Anne Platt CEO, Sutter Amador Hospital	0 0 40 0						X	0	423,411	60,988
David Thompson CEO, STCH & MHLB	0 0 40 0						X	0	555,145	117,286
Thomas Blinn FORMER CEO VALLEY FOUNDATION	0 0 0 0						X	0	291,377	0
John W Boyd CEO, Mental Health Services	0 0 40 0						X	0	522,905	104,111

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			
Michael Cohill FORMER CEO, SMCS	0 0 0 0						X	0	605,821	0
Terry Glubka CEO, SSCD	0 0 40 0						X	0	683,911	116,280
Jeff Sprague SH SVP & CFO	0 0 40 0						X	0	1,204,864	519,110
Janet Wagner CEO, MPHS	0 0 40 0						X	0	645,077	130,937
Asit Gokli MD CMO, SH Valley Area	0 0 40 0						X	0	708,380	88,710
John Mesic MD PHYSICIAN EXEC, SH VALLEY AREA	0 0 40 0						X	0	864,341	95,113
Phillip Yu MD CME, STCH	0 0 40 0						X	0	448,332	57,405

SCHEDULE A (Form 990 or 990-EZ)	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
Department of the Treasury Internal Revenue Service Name of the organization SUTTER VALLEY HOSPITALS	Employer identification number 94-1156621	

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 <input type="checkbox"/> 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: 94-1156621
Name: SUTTER VALLEY 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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318149759	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization SUTTER VALLEY HOSPITALS				Employer identification number 94-1156621	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>(ii) Assets included in Form 990, Part X ▶ \$</div></div>					
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>b Assets included in Form 990, Part X ▶ \$</div></div>					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	41,036,603	20,064,697	19,173,834	19,993,368	20,085,053
b Contributions	60,011	239,395	329,568	408,961	999
c Net investment earnings, gains, and losses	-1,329,855	4,080,760	1,007,628	-670,838	293,955
d Grants or scholarships					
e Other expenditures for facilities and programs	348,976	1,438,328	446,333	557,657	386,639
f Administrative expenses					
g End of year balance	39,417,783	22,946,524	20,064,697	19,173,834	19,993,368

2

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

a

Board designated or quasi-endowment

9 410 %

b

Permanent endowment

17 580 %

c

Temporarily restricted endowment

73 010 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
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		44,909,093		44,909,093
b Buildings		2,092,155,838	878,638,643	1,213,517,195
c Leasehold improvements		38,604,638	18,196,741	20,407,897
d Equipment		792,282,501	634,534,846	157,747,655
e Other		145,455,603	39,206,571	106,249,032
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,542,830,872

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	36,795,653
(2) NOTES RECEIVABLE	793,550
(3) OTHER RECEIVABLES	273,632,317
(4) OTHER CURRENT ASSETS	11,789,443
(5) OTHER NONCURRENT ASSETS	13,049,894
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	336,060,857

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
INSURANCE LIABILITIES	8,510,565
THIRD PARTY SETTLEMENTS	7,489,610
OTHER LIABILITIES	5,708,037
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	21,708,212

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

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER VALLEY HOSPITALS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1A, COLUMN (B)	THE BEGINNING BALANCE FOR 2014 INCLUDES A PRIOR YEAR ADJUSTMENT TO THE AUDITED FINANCIALS IN THE AMOUNT OF \$938,012 SCHEDULE D, PART V, LINE 1B, COLUMN (B) ON MAY 1, 2017, SUTTER CENTRAL VALLEY HOSPITALS MERGED INTO SUTTER VALLEY HOSPITALS THE 2017 CONTRIBUTIONS HAVE BEEN ADJUSTED TO REFLECT THE ENDOWMENTS HISTORICALLY HELD BY SUTTER CENTRAL VALLEY HOSPITALS SCHEDULE D, PART V, LINE 4 INTENDED USE OF ENDOWMENT FUNDS SUTTER MEDICAL CENTER SACRAMENTO'S ENDOWMENT EARNINGS ARE TO BE USED TO SUPPORT THE CHILD LIFE DEPARTMENT ALL OTHER ENDOWMENTS ARE HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER VALLEY HOSPITALS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>ASC 740 FOOTNOTE FROM AUDIT THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS SUTTER HEALTH, THE LEGAL ENTITY, AND MANY AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE STATUTE OF LIMITATIONS FOR TAX YEARS 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 OPERATING EXPENSES AT DECEMBER 31, 2018 AND 2017, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS</p>

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 VALLEY HOSPITALS

Employer identification number
94-1156621

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SAHF Ball (event type)	Gala (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	135,098	126,205	0	261,303
	2 Less Contributions	101,567	73,883	0	175,450
	3 Gross income (line 1 minus line 2)	33,531	52,322	0	85,853
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	750	3,893	0	4,643
	7 Food and beverages	15,711	20,199	0	35,910
	8 Entertainment	750	1,800	0	2,550
	9 Other direct expenses	4,419	17,179	0	21,598
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				64,701
	11 Net income summary Subtract line 10 from line 3, column (d) ►				21,152

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

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 ►

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 ► \$

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 H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization SUTTER VALLEY HOSPITALS		Employer identification number 94-1156621

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			
<input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			32,030,397		32,030,397	1 010 %
b Medicaid (from Worksheet 3, column a)			777,975,543	684,388,831	93,586,712	2 960 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			80,890,066	53,209,376	27,680,690	0 880 %
d Total Financial Assistance and Means-Tested Government Programs			890,896,006	737,598,207	153,297,799	4 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41		3,266,107	1,800	3,264,307	0 100 %
f Health professions education (from Worksheet 5)	4	27	5,550,384	4,159,612	1,390,772	0 040 %
g Subsidized health services (from Worksheet 6)	12		8,720,226	451,101	8,269,125	0 260 %
h Research (from Worksheet 7)	6		2,132,784	1,085,932	1,046,852	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	56		18,670,099	750,000	17,920,099	0 570 %
j Total. Other Benefits	119	27	38,339,600	6,448,445	31,891,155	1 000 %
k Total. Add lines 7d and 7j	119	27	929,235,606	744,046,652	185,188,954	5 850 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
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	711,009,132
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	857,229,122
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-146,219,990
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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 SUTTER AMADOR SURG	MEDICAL SERVICES	32 %	0 %	24 %
2 ROSEVILLE ENDOSCOPY	MEDICAL SERVICES	11 %	0 %	49 %
3 STANISLAUS SURG HOSP	MEDICAL SERVICES	20 002 %	0 %	30 77 %
4 MEMORIAL MED BLDG	OFFICE RENTAL	50 03 %	0 %	24 96 %
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?

12

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> 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 _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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)**

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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> 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 _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
MEMORIAL MEDICAL CENTER**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):** _____**3**

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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)**

MEMORIAL 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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

MEMORIAL 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

MEMORIAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
SUTTER TRACY COMMUNITY HOSPITAL

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): _____

6

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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 TRACY 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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SUTTER TRACY 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

SUTTER TRACY COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
MEMORIAL HOSPITAL LOS BANOS**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):** _____

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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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)**

MEMORIAL HOSPITAL LOS BANOS

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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

MEMORIAL HOSPITAL LOS BANOS

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

MEMORIAL HOSPITAL LOS BANOS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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)
 STANISLAUS SURGICAL HOSPITAL

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): _____

12

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
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)**

STANISLAUS SURGICAL 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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

STANISLAUS SURGICAL 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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	No
If "No," indicate why		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

STANISLAUS SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? **25**

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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 PATIENT'S FAMILY INCOME SUTTER VALLEY HOSPITALS ACQUIRED A 20% OWNERSHIP INTEREST IN STANISLAUS SURGICAL HOSPITAL IN 2016 THIS HOSPITAL PROVIDES PREDOMINANTLY ELECTIVE SURGERIES AND DOES NOT PROVIDE EMERGENCY CARE STANISLAUS SURGICAL HOSPITAL PROVIDES FREE CHARITY CARE FOR MEDICALLY NECESSARY PROCEDURES FOR UNINSURED PATIENTS FOR FAMILY INCOMES THAT ARE AT OR BELOW 100% OF FPG SCHEDULE H, PART I, LINE 3B SUTTER VALLEY HOSPITALS IS COMMITTED TO PROVIDING CHARITY CARE SUTTER VALLEY HOSPITALS PROVIDES FREE CARE AT HIGH PERCENTAGE OF FPG IT DOES NOT PROVIDE DISCOUNTED CARE STANISLAUS SURGICAL HOSPITAL PROVIDES DISCOUNTED CHARITY CARE BASED ON A SLIDING SCALE UP TO 350% OF FPG

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 II	COMMUNITY BUILDING ACTIVITIES SUTTER VALLEY HOSPITALS 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, LINE 4	PART III, Section B - BAD DEBT 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	SUTTER MEDICAL CENTER SACRAMENTO THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED MEMORIAL 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 ROSEVILLE 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 SOLANO 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 TRACY 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 AUBURN FAITH HOSPITAL THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED SUTTER AMADOR HOSPITAL THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED SUTTER DAVIS HOSPITAL THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED MEMORIAL HOSPITAL LOS BANOS THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED STANISLAUS SURGICAL HOSPITAL THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2018 - 2020 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SUTTER HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE LANGUAGES THE POLICY SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA IN ADDITION, ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS 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 A 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>SUTTER MEDICAL CENTER SACRAMENTO (SMCS) THE HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH SUTTER MEDICAL CENTER, SACRAMENTO, OSE ADAMS MEDIC AL PAVILION, AND SUTTER CENTER FOR PSYCHIATRY RECEIVES ITS TOP 80% OF DISCHARGES THERE AR E FOUR HOSPITALS THAT SERVE THE COMMUNITY THE SMCS HSA IS LOCATED IN NORTHERN CALIFORNIA AND HAS APPROXIMATELY 1 MILLION RESIDENTS THE AREA IS CONSIDERABLY DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE STATUS THE POPULATION OF THE SMCS HSA MAKES UP APPROXIMATELY 2 68% OF ALL RESIDENTS IN THE STATE OF CALIFORNIA THE MAJORIT Y OF THE POPULATION COUNT FOR THE HSA COMES FROM RESIDENTS LIVING IN SACRAMENTO COUNTY PO PULATION COUNTS AT THE ZIP CODE LEVEL VARIED FROM 240 RESIDENTS IN ZIP CODE 95837 (SACRAME NTO INTERNATIONAL AIRPORT) TO 74,154 RESIDENTS IN ZIP CODE 95823 (FRUITRIDGE) THE MEDIAN AGE AT THE ZIP CODE LEVEL RANGED FROM 26 2 YEARS IN 95832 (SOUTH MEADOWVIEW) TO 53 3 YEARS IN 95612 (SOUTHEASTERN YOLO) THE MEDIAN INCOME BY ZIP CODE FOR THE HSA RANGED SIGNIFICAN TLY FROM APPROXIMATELY \$29,771 IN 95824 (PARKWAY) TO \$81,076 IN 95819 (EAST SAC/RIVER PARK), A RANGE OF \$51,305 PER YEAR IN AN ATTEMPT TO UNDERSTAND THE EXTENT OF AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS LIVING IN THE SMCS HSA, SPE CIFIC INDICATORS WERE EXAMINED THE PERCENT OF POPULATION LIVING IN POVERTY IN THE SMCS HS A WAS GREATER THAN BOTH THE SACRAMENTO AND YOLO COUNTY AND STATE PERCENTAGES THE SMCS HSA ZIP CODE WITH THE HIGHEST PERCENT OF POPULATION IN POVERTY WAS 95824 (PARKWAY) AT 36 7%, COMPARED TO THE LOWEST PERCENT POVERTY IN ZIP CODE 95830 (EAST FLORIN ROAD) AT 4 1% THE P ERCENT OF RESIDENTS UNINSURED WAS LOWEST IN YOLO COUNTY AS COMPARED TO THE SMCS HSA, SACRA MENTO COUNTY AND THE STATE PERCENT BENCHMARKS THE ZIP CODE WITH THE HIGHEST PERCENT UNINS URED WAS 95824 (PARKWAY) AT 24 7% AND THE LOWEST PERCENT WAS 4 7% IN ZIP CODE 95830 (EAST FLORIN ROAD) THE SMCS HSA PERCENT OF MINORITY RESIDENTS WAS 58 7%, LOWER THAN STATE RATE OF 60 3%, BUT HIGHER THAN BOTH THE SACRAMENTO COUNTY (52 1%) AND YOLO COUNTY (50 6%) PERCE NTAGES AN EXAMINATION OF AREAS THROUGHOUT THE COUNTY REVEALED A LARGE VARIATION IN THE DE GREE OF DIVERSITY, OR PERCENT MINORITY ZIP CODE 95832 (MEADOWVIEW) SHOWED A PERCENT OF MI NORITY POPULATIONS AT 85 6% THIS PERCENT IS DRASTICALLY DIFFERENT FROM THE ZIP CODE OF 95 837 (SACRAMENTO INTERNATIONAL AIRPORT) WHICH ONLY HAD 15 0% MINORITY RESIDENTS CENSUS DAT A SHOWED THAT WHITES/CAUCASIANS MAKE UP THE HIGHEST PERCENT OF RESIDENTS IN THE SMCS HSA, FOLLOWED BY HISPANICS/LATINOS AND ASIANS AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAP HY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTPS //WWW SUTTE RHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T MEMORIAL MEDICAL CENTER SUTTE R HEALTH MEMORIAL MEDICAL CENTER IS LOCATED IN MODESTO, CALIFORNIA, AND ITS SERVICE AREA I NCLUDES THE CITIES OF CERES, HUGHSON, MODESTO, NEWMAN, OAKDALE, PATTERSON, RIVERBANK, TURLOCK AND WATERFORD THE SERVICE AREA INCLUDES ALL OF STANISLAUS COUNTY, MAKING STANISLAUS C OUNTY DATA A GOOD PROXY FOR DATA FOR THE SHMMC AREA THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY THE DEMOGRAPHICS INCLUDE A TOTAL POPULATION OF 518,321 CITIZENS, WITH 76 51 % WHITE (INCLUDING HISPANIC), 2 82% BLACK, 5 28% ASIAN, AND OF THAT POPULATION, 42 5% LATI NO THE POPULATION DENSITY IS MUCH HIGHER IN STANISLAUS COUNTY THANK CALIFORNIA AS A WHOLE 44 19% LIVE IN POVERTY, 28 32% CHILDREN ARE LIVING IN POVERTY, 10 4% ARE UNEMPLOYED, 17 84% ARE UNINSURED AND 23/59% HAVE NOT GRADUATED FROM HIGH SCHOOL AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA, WITH SOURCES, IS AVAILABLE IN THE MEMORIAL MEDICAL CENTER'S 2016 CHNA AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH- NEEDS-ASSESSMEN T SUTTER ROSEVILLE MEDICAL CENTER THE COMMUNITY OR HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH THE HOSPITAL RECEIVES ITS T OP 80% OF DISCHARGES THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE SUTTER ROSEVI LLE MEDICAL CENTER/SUTTER AUBURN FAITH HOSPITAL HSA IS LOCATED IN NORTHERN CALIFORNIA AND HAS NEARLY 700,000 RESIDENTS THE AREA IS DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOM E AND POVERTY), AND INSURANCE STATUS TABLE 1 (IN THE FULL REPORT) SHOWS THE TOTAL POPULAT ION COUNT, THE MEDIAN AGE AND THE MEDIAN INCOME OF ALL 41 ZIP CODES IN THE SRMC/SAFH HSA C OMPARED TO THE STATE AND COUNTY BENCHMARKS TABLE 2 (IN THE FULL REPORT) PROVIDES INFORMAT ION ON THE PRESENCE OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY RESIDENTS IN ALL 41 ZIP CODES IN THE SRMC/SAFH HSA COMPARED TO THE STATE AND COUNTY BENCHMARKS THE POPULATIO N OF THE SRMC/SAFH HSA MAKES UP NEARLY 2% OF ALL RESIDENTS IN THE STATE OF CALIFORNIA THE MAJORITY OF THE POPULATION COUNT FOR THE SRMC/SAFH HSA COMES FROM RESIDENTS LIVING IN PLA CER COUNTY TWENTY-TWO OF THE 41 ZIP CODES THAT MA</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>KE UP THE SRMC/SAFH HSA ARE LOCATED IN PLACER COUNTY, TEN ZIP CODES ARE LOCATED IN SACRAMENTO COUNTY, THREE ZIP CODES ARE LOCATED IN EL DORADO COUNTY, TWO ZIP CODES ARE LOCATED IN YUBA COUNTY AND ONE ZIP CODE IS LOCATED IN NEVADA COUNTY. POPULATION COUNTS AT THE ZIP CODE LEVEL VARIED FROM 88 RESIDENTS IN ZIP CODE 95715 (EMIGRANT GAP) TO 53,452 RESIDENTS IN ZIP CODE 95747 (ROSEVILLE). THE MEDIAN AGE OF THE SRMC/SAFH HSA AT THE ZIP CODE LEVEL RANGED FROM 21.5 YEARS IN 95736 (WEIMAR) TO 62.4 YEARS IN 95714 (DUTCH FLAT). THE MEDIAN INCOME BY ZIP CODE FOR THE SRMC/SAFH HSA RANGED SIGNIFICANTLY FROM APPROXIMATELY \$36,967 IN 95841 (NORTH HIGHLANDS) TO \$127,736 IN 95746 (GRANITE BAY), A RANGE OF ALMOST \$90,000 DOLLARS A YEAR. IN AN ATTEMPT TO UNDERSTAND THE EXTENT OF AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS LIVING IN THE SRMC/SAFH HSA, SPECIFIC INDICATORS WERE EXAMINED. THE PERCENT OF POPULATION LIVING IN POVERTY FOR THE SRMC/SAFH HSA WAS 11.8%, MUCH GREATER THAN THE PLACER COUNTY BENCHMARK, BUT LOWER THAN BOTH THE SACRAMENTO COUNTY BENCHMARK AND STATE BENCHMARK. THE ZIP CODE IN THE SRMC/SAFH HSA WITH THE HIGHEST PERCENT OF POPULATION IN POVERTY WAS 95841 (NORTH HIGHLANDS) WITH 27.9% OF ITS POPULATION LIVING BELOW 100% FEDERAL POVERTY LEVEL, COMPARED TO THE LOWEST PERCENT OF POPULATION IN POVERTY IN 95714 (DUTCH FLAT) AND 95715 (EMIGRANT GAP), BOTH WITH 0% OF THEIR POPULATIONS LIVING IN POVERTY. THE PERCENT OF UNINSURED RESIDENTS IN THE SRMC/SAFH HSA WAS 12.1%, HIGHER THAN THE PERCENT UNINSURED IN PLACER COUNTY, BUT LOWER THAN BOTH THE STATE AND SACRAMENTO COUNTY PERCENTAGES. THE ZIP CODE WITH THE HIGHEST PERCENT UNINSURED WAS 95736 (WEIMAR) WITH 36.3%, WHILE ZIP CODE 95715 (EMIGRANT GAP) HAD 0% OF ITS POPULATION IN POVERTY. THE PERCENT OF MINORITY RESIDENTS IN THE SRMC/SAFH HSA WAS 27.4%, WHICH IS HIGHER THAN THE PLACER COUNTY PERCENT MINORITY, BUT LOWER THAN THE SACRAMENTO COUNTY AND STATE PERCENTAGES OF MINORITY. AN EXAMINATION OF THE ZIP CODES IN THE SRMC/SAFH HSA REVEALED A LARGE VARIATION IN THE DEGREE OF DIVERSITY, OR PERCENT MINORITY. THE HIGHEST PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN 95736 (WEIMAR) WITH 48.9% AND THE LOWEST PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN 95715 (EMIGRANT GAP), WITH 0% OF ITS POPULATION CLASSIFIED AS MINORITY. AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT. SUTTER SOLANO MEDICAL CENTER. FOR THE PURPOSES OF THIS REPORT, THE HEALTH SERVICE AREA (HSA) IS THE 18 ZIP CODES WHICH MAKE UP SOLANO COUNTY, CALIFORNIA. THE HSA WAS DESIGNATED AS SOLANO COUNTY BECAUSE ALL SOLANO CHNA COLLABORATIVE PARTNERS SERVE COMMUNITIES WITHIN THE COUNTY. DUE TO DATA AVAILABILITY, THE HSA WAS EXAMINED TWO SEPARATE WAYS. ONE APPROACH WAS TO USE SOLANO COUNTY AS THE SERVICE AREA. WHILE THIS APPROACH WAS THE MOST NATURAL AND BEST REFLECTED THE FOCUS AREA OF COLLABORATIVE MEMBERS, IT DID NOT ALLOW FOR A CONSIDERATION OF VARIATION IN CONDITIONS ACROSS THE COUNTY. AN ALTERNATIVE APPROACH WAS ALSO USED IN WHICH THE SERVICE AREA WAS DEFINED BASED ON THE ZIP CODE TABULATION AREAS (ZCTAs), AS DEFINED BY THE US CENSUS BUREAU. IN THIS APPROACH, ALL ZCTAs THAT HAD A MEANINGFUL OVERLAP WITH SOLANO COUNTY WERE INCLUDED IN THE ANALYSES. THE BENEFIT OF THIS APPROACH WAS THAT IT ALLOWED FOR THE CALCULATION OF MORBIDITY AND MORTALITY RATES BASED ON DATA AVAILABLE AT THE ZIP CODE LEVEL. THIS ALLOWED FOR A BETTER UNDERSTANDING OF HOW THESE CONDITIONS VARIED WITHIN THE COUNTY. THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY. THE HEALTH SERVICE AREA OF SOLANO COUNTY IS LOCATED IN NORTHERN CALIFORNIA AND HAS APPROXIMATELY 417 THOUSAND RESIDENTS. AS TABLES 2 AND 3 (IN THE FULL REPORT) SHOW, THE AREA IS CONSIDERABLY DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE STATUS. TABLE 2 SHOWS THE TOTAL POPULATION</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES " SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY - BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND - PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS SUTTER MEDICAL CENTER SACRAMENTO THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER MEDICAL CENTER SACRAMENTO (SMCS) DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW THE NEED FOR MENTAL HEALTH SERVICES AND RESOURCES, ESPECIALLY FOR THE UNDERSERVED, HAS REACHED A BREAKING POINT ACROSS THE SUTTER HEALTH VALLEY OPERATING UNIT THIS IS WHY WE ARE FOCUSED ON BUILDING A COMPREHENSIVE MENTAL HEALTH STRATEGY THAT INTEGRATES KEY ELEMENTS SUCH AS POLICY AND ADVOCACY, COUNTY SPECIFIC INVESTMENTS, STIGMA REDUCTION, INCREASED AWARENESS AND EDUCATION, WITH TANGIBLE OUTREACH SUCH AS EXPANDED MENTAL HEALTH RESOURCES TO PROFESSIONALS IN THE WORKPLACE AND TELEPSYCH OPTIONS TO THE UNDERSERVED IN 2018, THROUGH THE STEINBERG INSTITUTE AND SUTTER HEALTH PARTNERSHIP, OVER 300 MEETINGS WERE HOSTED, \$2 BILLION WAS SECURED VIA PROP 2 FOR THE "NO PLACE LIKE HOME" INITIATIVE THAT WILL FUND UP TO 20,000 PERMANENT SUPPORTIVE HOUSING UNITS ACROSS CALIFORNIA AND FORGED ALLIANCES THAT BROUGHT TECH ENTREPRENEURS TOGETHER WITH COUNTY PROVIDERS TO ADVANCE APPROACHES TO TREATMENT OF MENTAL ILLNESS SUTTER MEDICAL CENTER SACRAMENTO CONTINUES TO PARTNER WITH WELLSPACE HEALTH THROUGH THE ICP PROGRAM, ICP EXPANSION STREET NURSE PROGRAM, AND THE T3 PROGRAMS THROUGH THESE PROGRAMS, THOUSANDS OF PATIENTS RECEIVE REFERRALS TO A VARIETY OF SERVICES SACRAMENTO COVERED (SC), IS A COMMUNITY-BASED NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING THE OVERALL HEALTH OF THE REGION BY CONNECTING PEOPLE TO MEDICAL COVERAGE, PRIMARY AND PREVENTATIVE CARE, AND OTHER NEEDED RESOURCES THE HEALTH NAVIGATION PROGRAM'S GOAL IS TO ESTABLISH MEDICAL HOMES, THEREBY REDUCING DEPENDENCE ON EMERGENCY ROOM SYSTEMS OF CARE IN 2018, SACRAMENTO COVERED PROVIDED SERVICES TO A TOTAL OF 7,778 INDIVIDUALS WITH 828 SERVICE REFERRALS, 156 TRANSPORTATION SERVICES AND 21,834 OTHER SERVICES SMCS FUNDS MANY PARTNERS THAT FOCUS ON EARLY CHILDHOOD HEALTH AND WELLNESS, INCLUDING PHYSICAL ACTIVITY, NUTRITION, EDUCATION AND THE ARTS SOME OF THESE PROGRAMS, INCLUDE, SOIL BORN FARMS (COMMUNITY FARMS/HEALTHY EATING), AMERICAN RIVER PARKWAY (FOUNDATION CAMPFIRE SITE, AIMED TO BRING THOUSANDS OF CHILDREN TO RIVER BEND PARK FOR HEALTHY, ACTIVE EXPERIENCES), SACRAMENTO BALLET (PROVIDING COMMUNITY PERFORMANCES AND SCHOOL ASSEMBLIES IN SCHOOLS/COMMUNITIES IN UNDERSERVED COMMUNITIES, TO ENSURE KIDS ARE EXPOSED TO THE ARTS AND MOVEMENT) AND THE CROCKER ART MUSEUM (PROGRAMS FOR UNDERSERVED CHILDREN) IN 2018, THESE PROGRAMS SAW THE FOLLOWING IMPACT - YOUTH EDUCATION AND FOOD/AGRICULTURE CAREER PATHWAY DEVELOPMENT 10 SCHOOLS IN RANCHO CORDOVA ARE NOW ENGAGED IN FIELD TRIPS AT THE FARM AND 6 SCHOOLS ARE NOW RUNNING ACTIVE SCHOOL GARDENS PROGRAMS WITH SUPPORT FROM COLLABORATIVE PARTNERS IN THE 2018 PROGRAM YEAR, SOIL BORN FARMS WORKED WITH 1,998 STUDENTS AT THE FARM AND SCHOOL SITES IN THE COMMUNITY IMPORTANTLY, THE SCHOOL DISTRICT IS NOW COMMITTED TO CREATING A FULL CAREER PATHWAY EMPHASIS THAT ALLOWS STUDENTS TO PROGRESS UNINTERRUPTED THROUGH AGRICULTURE/GARDEN-BASED LEARNING, HEALTHY COOKING, NUTRITION EDUCATION AND ENVIRONMENTAL STEWARDSHIP CURRICULUM FROM ELEMENTARY TO HIGH SCHOOL - FOOD ACCESS FIVE COMMUNITY PARTNERS COMPRISE THE FOOD ACCESS ACTION TEAM IN 2018 SIGNIFICANT IMPROVEMENTS WERE MADE TO SOIL BORN'S FARM STAND HELPING TO INCREASE ACCESS TO FRESH PRODUCE FOR THE LOCAL COMMUNITY WITH ADDITIONS OF CLASSES, MUSIC, INCENTIVES, COOKING DEMOS AND KIDS ACTIVITIES OVER 1450 FAMILIES SHOPPED THE FARM STAND ON 24 SATURDAY SHOPPING DAYS - ADULT EDUCATION COMMUNITY PARTNERS HOSTED OVER 175 CLASSES FOR OVER 1800 COMMUNITY ADULTS TO HELP THEM TO IMPROVE THEIR OVERALL HEALTH CLASSES INCLUDED A BROAD RANGE OF TOPICS SUCH AS GROWING FOOD, HEALTHY COOKING, SCHOOL GARDEN TRAINING FOR TEACHERS, USING CULINARY AND MEDICINAL HERBS, HERBAL STUDIES, MIND/BODY WELLNESS AND MANY MORE SACRAMENTO STEPS FORWARD (S SF) UTILIZES A THREE-STEP HOUSING CRISIS RESOLUTION SYSTEM AS A STRATEGY TO END HOMELESSNESS IN THE SACRAMENTO REGION THIS SYSTEM IS BASED</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>ON A HOUSING FIRST MODEL THAT PROVIDES PEOPLE WITH A CONTINUUM OF CARE THE COORDINATED EX IT PROGRAM IS DESIGNED TO MOVE INDIVIDUALS AND FAMILIES OUT OF HOMELESSNESS AS EFFICIENTLY AND AS QUICKLY AS POSSIBLE BY PLACING THEM IN EMERGENCY, TRANSITIONAL, OR PERMANENT HOUSING WHILE CONCURRENTLY WRAPPING THEM WITH OTHER SUPPORTIVE SERVICES THESE SERVICES OFTEN INCLUDE ACCESS TO HEALTH CARE, COORDINATION OF SOCIAL SERVICES, ENROLLMENT IN EMPLOYMENT PROGRAMS AND OTHER CLIENT-CENTERED SUPPORT SERVICES TO MAINTAIN ONGOING STABILITY AND BREAK THE CYCLE OF HOMELESSNESS SUTTER HEALTH INVESTED \$433,000 TO EXPAND SERVICES AT THE SALVATION ARMY'S CENTER OF HOPE EMERGENCY SHELTER AND VOLUNTEERS OF AMERICA'S A STREET MEN'S SHELTER TO 24 HOURS A DAY, SEVEN DAYS A WEEK IN ADDITION, SUTTER HEALTH COMMITTED \$1 MILLION AND SECURED A \$300,000 MATCHING GRANT FROM LOCAL DEVELOPER DAVID TAYLOR TO KEEP VOLUNTEERS OF AMERICA'S RAILROAD STREET TRIAGE SHELTER OPEN IN 2018 SUTTER HEALTH ALSO INVESTED AN ADDITIONAL \$1.3 MILLION TO SUPPORT THE CITY AS IT CREATES LONGER-TERM EMERGENCY TRIAGE SHELTERS THROUGHOUT 2018 338 INDIVIDUALS WERE SERVED RESULTING IN 18,200 BED NIGHTS PROVIDED AND 44 INDIVIDUALS HAD POSITIVE HOUSING OUTCOMES MEDZONE AND OAK PARK SMART ARE TWO MAJOR ELEMENTS OF THE WAY UP INITIATIVE MEDZONE, A COLLABORATION WITH UC DAVIS MEDICAL CENTER, SUTTER HEALTH, KAISER PERMANENTE, AND DIGNITY HEALTH IS WAYUP'S CORNERSTONE WORKFORCE DEVELOPMENT AND EMPLOYMENT INITIATIVE THE INITIATIVE IS A STRATEGIC TOOL FOR COMMUNITY ECONOMIC DEVELOPMENT TO FOSTER A VIBRANT AND HEALTHY NEIGHBORHOOD THAT RESULTS IN A THRIVING LOCAL ECONOMY, AN EDUCATED LOCAL WORKFORCE AND JOBS FOR LOCAL RESIDENTS OAK PARK SMART IS A PLACE-BASED NETWORK OF OAK PARK SCHOOLS AND EDUCATIONAL FACILITIES THAT PROMOTES POSITIVE ACHIEVEMENTS OF ITS SCHOOLS IN THE COMMUNITY, AND PROVIDES A SPRINGBOARD FOR COORDINATED EDUCATION-FOCUSED INITIATIVES IN 2018 2,200 CHILDREN WERE SERVED WEAVE'S VIOLENCE PREVENTION NAVIGATOR (VPN) PROGRAM FUNCTIONS IN ALIGNMENT WITH THE CONTINUUM OF CARE SYSTEM AND BETTER INTEGRATES WITH LAW ENFORCEMENT AND THE MEDICAL COMMUNITY TO PROVIDE SPECIALIZED RESPONSE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, EDUCATES OTHER COMMUNITY SERVICE PROVIDERS, AND WORKS WITH WEAVE LEADERSHIP TO IDENTIFY AND IMPLEMENT INTERNAL POLICY CHANGES TO BETTER ALIGN WEAVE'S RESPONSE MODEL WITH EXISTING COMMUNITY EFFORTS IN 2018, VPN SERVED 352 UNIQUE INDIVIDUALS THE INCREASE IN CLIENTS SERVED CAN BE ATTRIBUTED TO THE CONSISTENT OUTREACH THE VPN HAS BEEN DOING OVER THE YEAR WITH HOSPITAL STAFF AND THE COMMUNITY WELL SPACE HEALTH ED NAVIGATION PROGRAM CONNECTS PATIENTS WITH HEALTH AND SOCIAL SERVICES, AND ULTIMATELY A MEDICAL HOME, AS WELL AS OTHER PROGRAMS (LIKE T3) WHEN APPROPRIATE IN 2018, THE PROGRAM WORKED WITH 437 PATIENTS PROVIDING 2,159 REFERRALS TO A VARIETY OF SOCIAL SERVICES WELLSPACE HEALTH'S SUICIDE PREVENTION ED FOLLOW UP (EDFUSP) PROGRAM IS DESIGNED TO PREVENT SUICIDE DURING A HIGH RISK PERIOD, MONITOR FOR ONGOING SUICIDALITY POST-DISCHARGE, PROVIDE EMOTIONAL SUPPORT AND CONTINUING EVIDENCE-BASED RISK ASSESSMENT AND MONITORING FOR SUICIDALITY, CREATE PERSONALIZED SAFE PLANS, PROVIDE EDUCATIONAL AND SENSITIVE OUTREACH MATERIALS ABOUT SURVIVING A SUICIDE ATTEMPT AND RECOVERY, 24HR ACCESS TO WELLSPACE HEALTH'S SUICIDE PREVENTION CRISIS LINES, AND REFERRALS OFFERED TO COMMUNITY-BASED RESOURCES FOR ONGOING TREATMENT AND SUPPORT IN 2018, 15 PATIENT REFERRALS WERE RECEIVED FROM SUTTER MEDICAL CENTER EMERGENCY DEPARTMENTS DURING THE REPORTING PERIOD, A DECREASE IN REFERRAL RATES OF THESE, 14 WERE REFERRED POST DISCHARGE FOR SUICIDAL IDEATION, 1 POST-DISCHARGE AFTER A SUICIDE ATTEMPT 99% RECEIVED THEIR FIRST FOLLOW UP CALL FROM OUR EDFU STAFF WITHIN 24 HRS POST-DISCHARGE! THERE WERE 72 CONTACTS TOTAL REFERRALS INCLUDED SOME ETHNIC DIVERSITY, INCLUDING 2 AFRICAN AMERICAN, 8 CAUCASIAN, 4 HISPANIC, 1 ASIAN IN PARTNERSHIP WITH WELL SPACE HEALTH, THE INTERIM CARE PROGRAM (</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF HOSPITALS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO CARE FOR MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS THE HOSPITAL'S MISSION IS TO ENHANCE THE WELL-BEING OF PEOPLE IN THE COMMUNITIES WHERE WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTHCARE SERVICES AT SUTTER HEALTH, WE BELIEVE THERE SHOULD BE NO BARRIERS TO RECEIVING TOP-QUALITY MEDICAL CARE WE STRIVE TO PROVIDE ACCESS TO EXCELLENT HEALTHCARE SERVICES FOR NORTHERN CALIFORNIANS, REGARDLESS OF ABILITY TO PAY AS PART OF OUR NOT-FOR-PROFIT MISSION, SUTTER HEALTH INVESTS MILLIONS OF DOLLARS BACK INTO THE COMMUNITIES WE SERVE - AND BEYOND THROUGH THESE INVESTMENTS AND COMMUNITY PARTNERSHIPS, WE'RE PROVIDING AND PRESERVING VITAL PROGRAMS AND SERVICES, THEREBY IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED NEARLY \$4 BILLION TO CARE FOR PATIENTS WHO COULDN'T 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 HEALTH'S 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 CHILDREN'S HEALTH CENTERS, FOOD BANKS, YOUTH EDUCATION, JOB TRAINING PROGRAMS AND SERVICES THAT PROVIDE COUNSELING TO DOMESTIC VIOLENCE VICTIMS EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESS REAL COMMUNITY NEEDS FOR MORE FACTS AND INFORMATION VISIT WWW.SUTTERHEALTH.ORG</p>

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: 94-1156621
Name: SUTTER VALLEY HOSPITALS

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 12											
Name, address, primary website address, and state license number											
1	OSE ADAMS MEDICAL PAVILION 2825 CAPITOL AVENUE SACRAMENTO, CA 95816 WWW.SUTTERMEDICALCENTER.ORG LICENSE #030000102	X	X					X			B
2	SUTTER MED CTR SAC WOMEN & CHILDRENS 2825 CAPITOL AVENUE SACRAMENTO, CA 95816 WWW.SUTTERMEDICALCENTER.ORG LICENSE #030000102	X	X					X			B
3	MEMORIAL MEDICAL CENTER 1700 COFFEE ROAD MODESTO, CA 95355 WWW.MEMORIALMEDICALCENTER.ORG LICENSE #030000061	X	X					X			
4	SUTTER ROSEVILLE MEDICAL CENTER ONE MEDICAL PLAZA ROSEVILLE, CA 956613037 WWW.SUTTERROSEVILLE.ORG LICENSE #030000083	X	X					X			A
5	SUTTER SOLANO MEDICAL CENTER 300 HOSPITAL DRIVE VALLEJO, CA 945892574 WWW.SUTTERSOLANO.ORG LICENSE #110000082	X	X					X			A

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 12											
Name, address, primary website address, and state license number											
6	SUTTER TRACY COMMUNITY HOSPITAL 1420 N TRACY BLVD TRACY, CA 95376 WWW.SUTTERTRACY.ORG LICENSE #030000105	X	X					X			
7	SUTTER CENTER FOR PSYCHIATRY 7700 FOLSOM STREET SACRAMENTO, CA 958262608 www.suttermedicalcenter.org/psychiatry LICENSE #030000347	X									B
8	SUTTER AUBURN FAITH HOSPITAL 11815 EDUCATION STREET AUBURN, CA 956022410 WWW.SUTTERAUBURNFAITH.ORG LICENSE #030000012	X	X					X			A
9	SUTTER AMADOR HOSPITAL 200 MISSION BLVD JACKSON, CA 956422564 WWW.SUTTERAMADOR.ORG LICENSE #030000008	X	X					X			A
10	SUTTER DAVIS HOSPITAL 2000 SUTTER PLACE DAVIS, CA 956166201 WWW.SUTTERDAVIS.ORG LICENSE #030000124	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?

12

Name, address, primary website address, and state license number

Other (Describe)

Facility reporting group

	Entity Name	State	City	County	Zip	Phone	Fax	E-mail	Website	Reporting Group
11	MEMORIAL HOSPITAL LOS BANOS 520 West I Street Los Banos, CA 936353419 WWW.MEMORIALLOSBANOS.ORG LICENSE #040000177	X	X					X		
12	STANISLAUS SURGICAL HOSPITAL 1421 OAKDALE ROAD MODESTO, CA 953553356 WWW.STANISLAUSSURGICAL.COM LICENSE #030000695	X	X							

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	<p>SCHEDULE H, PART V, SECTION B, LINE 3E SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA REPORTING FACILITY A SCHEDULE H, PART V, SECTION B, LINE 5 SUTTER ROSEVILLE MEDICAL CENTER (A, 4) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER ROSEVILLE MEDICAL CENTER, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS TRANSCRIPTS AND NOTES FROM INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A PRIORITY TO ADDRESS PRIMARY DATA FOR SRMC/SAFH INCLUDED 38 KEY INFORMANT INTERVIEWS WITH 58 PARTICIPANTS AND 11 FOCUS GROUPS CONDUCTED WITH 88 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS A COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN APPENDIX F AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN APPENDIX G OF THE CHNA THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER ROSEVILLE MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER SOLANO MEDICAL CENTER (A, 5) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SOLANO MEDICAL CENTER, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN TOTAL, PRIMARY DATA FOR THE CHNA INCLUDED 11 KEY INFORMANT INTERVIEWS WITH 24 PARTICIPANTS AND 6 FOCUS GROUPS CONDUCTED WITH 67 COMMUNITY MEMBER PARTICIPANTS THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER SOLANO MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER AUBURN FAITH HOSPITAL (A, 8) IN CONDUCTING ITS MOST RECENT SUTTER AUBURN FAITH HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS TRANSCRIPTS AND NOTES FROM INTERVIEWS</p>

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	AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A PRIORITY TO ADDRESS PRIMARY DATA FOR SRMC/SAFH INCLUDED 38 KEY INFORMANT INTERVIEWS WITH 58 PARTICIPANTS AND 11 FOCUS GROUPS CONDUCTED WITH 88 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS A COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN APPENDIX F AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN APPENDIX G OF THE CHNA THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER AUBURN FAITH HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER AMADOR HOSPITAL (A, 9) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER AMADOR HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS KEY INFORMANT INTERVIEWS WITH COMMUNITY HEALTH EXPERTS AND SERVICE PROVIDERS AND FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICIPANT INFORMED CONSENT, AN INTERVIEW QUESTION GUIDE, A PROJECT SUMMARY SHEET, AND A REFLECTION SHEET ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW (APPENDIX C) THE INTERVIEW QUESTION GUIDE WAS USED FOR BOTH THE KEY INFORMANT AND FOCUS GROUP INTERVIEWS THE PROJECT SUMMARY SHEET (APPENDIX E) WAS GIVEN TO PARTICIPANTS TO PROVIDE THEM WITH INFORMATION ABOUT THE 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 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 WITH KNOWLEDGE OF THE SAH HSA, INCLUDING INPUT FROM THE AMADOR COUNTY PUBLIC HEALTH DEPARTMENT AND THE CALAVERAS COUNTY PUBLIC HEALTH DEPARTMENT FINDINGS FROM THE AREA-WIDE INFORMANTS WERE COMBINED WITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCING DISPARITIES, TO IDENTIFY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIFIC POPULATIONS AND LOCATIONS THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON THEIR KNOWLEDGE OF THE NEEDS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCING DISPARITIES A TOTAL OF 7 KEY INFORMANT INTERVIEWS WERE DONE WITH 33 SERVICE PROVIDERS WHICH ARE LISTED ON APPENDIX F THE KEY INFORMANT INTERVIEWS WERE USED TO IDENTIFY ADDITIONAL KEY SERVICE PROVIDERS TO INCLUDE IN THE ASSESSMENT, AS WELL AS IDENTIFY SPECI

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	<p>FIC POPULATIONS THAT SHOULD BE INCLUDED IN THE FOCUS GROUP INTERVIEWS FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS WHERE RESIDENTS EXPERIENCE AN OVERWHELMING AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS IN THE SAH HSA, AS WELL AS DIRECT OUTREACH FROM CHI TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP A TOTAL OF THREE FOCUS GROUP DISCUSSIONS WERE CONDUCTED WITH A TOTAL OF 24 COMMUNITY MEMBERS AND ARE LISTED IN APPENDIX G THE FINDINGS FROM KEY INFORMANT INTERVIEWS IN SUTTER AMADOR HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER DAVIS HOSPITAL (A, 10) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER DAVIS HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS TRANSCRIPTS AND NOTES FROM INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A PRIORITY TO ADDRESS PRIMARY DATA FOR SUTTER DAVIS INCLUDED 16 KEY INFORMANT INTERVIEWS WITH 20 PARTICIPANTS AND SIX FOCUS GROUPS CONDUCTED WITH 69 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS A COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN APPENDIX F AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN APPENDIX F OF THE CHNA THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER DAVIS HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A	SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) A COLLECTION OF FOUR NONPROFIT HOSPITAL SYSTEMS, ALL SERVING PORTIONS OR THE SAME COMMUNITIES, COLLABORATED TO SPONSOR AND PARTICIPATE IN THE CHNA INCLUDING SUTTER HEALTH, DIGNITY HEALTH, KAISER PERMANENTE AND UC DAVIS HEALTH SYSTEM

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A	FILING ORG WEBSITES - SUTTER ROSEVILLE MEDICAL CENTER (A, 4) HTTP //WWW SUTTERROSEVILLE ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML - SUTTER SOLANO MEDICAL CENTER (A, 5) HTTP //WWW SUTTERSOLANO ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML - SUTTER AUBURN FAITH HOSPITAL (A, 8) HTTP //WWW SUTTERAUBURNFAITH ORG/ABOUT/COMMUNITY-NEEDS- ASSESSMENT HTML - SUTTER AMADOR HOSPITAL (A, 9) HTTP //WWW SUTTERAMADOR ORG/ABOUT/COMMUNITY- NEEDS-ASSESSMENT HTML - SUTTER DAVIS HOSPITAL (A, 10) HTTP //WWW SUTTERDAVIS ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

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
SCHEDULE H, PART V, SECTION B, LINE 11	<p>SUTTER ROSEVILLE MEDICAL CENTER (A, 4) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER ROSEVILLE MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACCESS TO BEHAVIORAL HEALTH SERVICES 2 ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES 3 ACTIVE LIVING AND HEALTHY EATING 4 BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION) 5 AFFORDABLE AND ACCESSIBLE TRANSPORTATION DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SRMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 DISEASE PREVENTION, MANAGEMENT AND TREATMENT WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SRMC/SAFH HSA, HOWEVER, WE'RE IN THE PROCESS OF DEVELOPING COMMUNITY DIABETES EDUCATION COURSES 2 SAFE, CRIME AND VIOLENCE FREE COMMUNITIES THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SRMC HAS THE EXPERTISE TO EFFECTIVELY ADDRESS 3 POLLUTION-FREE LIVING AND WORK ENVIRONMENTS WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT, THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SAC OG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES</p> <p>SUTTER SOLANO MEDICAL CENTER (A, 5) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SOLANO MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACCESS TO BEHAVIORAL HEALTH SERVICES 2 DISEASE PREVENTION, MANAGEMENT AND TREATMENT 3 AFFORDABLE AND ACCESSIBLE TRANSPORTATION 4 ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SUTTER SOLANO MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 HEALTHY EATING AND ACTIVE LIVING WHILE THERE ARE CURRENTLY NO HEALTHY EATING OR ACTIVE LIVING SSMC COMMUNITY BENEFIT PRO</p>

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
SCHEDULE H, PART V, SECTION B, LINE 11	GRAMS IN THE SSMC HSA, WE DO FUND PROGRAMS/ORGANIZATIONS AND EFFORTS THAT ADDRESS THIS NEED THROUGH OUR SPONSORSHIP PROGRAM 2 SAFE, CRIME AND VIOLENCE FREE COMMUNITIES THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SAFH HAS THE EXPERTISE TO EFFECTIVELY ADDRESS 3 BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION) WHILE MANY OF OUR PROGRAMS SEEK TO CONNECT PATIENTS TO BASIC NEEDS LIKE HOUSING, INCOME AND FOOD RESOURCES, THIS PRIORITY NEED IS NOT A MAIN FOCUS AT SSMC AT THIS TIME 4 POLLUTION-FREE LIVING AND WORK ENVIRONMENTS WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT, THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS AND LOCAL JURISDICTIONS ARE WORKING ON THESE VITAL ISSUES SUTTER AUBURN FAITH HOSPITAL (A, 8) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER AUBURN FAITH HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACCESS TO BEHAVIORAL HEALTH SERVICES 2 ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES 3 ACTIVE LIVING AND HEALTHY EATING 4 BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION) 5 AFFORDABLE AND ACCESSIBLE TRANSPORTATION DESCRIPTIONS OF THE HEALTH 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 SAFH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 DISEASE PREVENTION, MANAGEMENT AND TREATMENT WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SRMC/SAFH HSA, HOWEVER, WE'RE IN THE PROCESS OF DEVELOPING COMMUNITY DIABETES EDUCATION COURSES 2 SAFE, CRIME AND VIOLENCE FREE COMMUNITIES THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SAFH HAS THE EXPERTISE TO EFFECTIVELY ADDRESS 3 POLLUTION-FREE LIVING AND WORK ENVIRONMENTS WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT, THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES SUTTER AMADOR HOSPITAL (A, 9) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT SUTTER AMADOR HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACCESS TO MENTAL, BEHAVIORAL AND SUBSTANCE ABUSE

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
SCHEDULE H, PART V, SECTION B, LINE 11	SERVICES 2 ACCESS TO QUALITY PRIMARY CARE SERVICES AND PRESCRIPTIONS 3 ACCESS TO TRANSPORTATION AND MOBILITY DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SAH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 ACCESS TO BASIC NEEDS THIS IS A CRITICAL ISSUE AND SOMETHING SAH HOPES TO ADDRESS IN THE FUTURE, HOWEVER, THE CURRENT FOCUS IS DEVELOPING A COMMUNITY HEALTH CENTER IN AMADOR COUNTY 2 ACCESS TO SPECIALTY CARE THIS IS A CRITICAL ISSUE AND SOMETHING SAH HOPES TO ADDRESS IN THE FUTURE, HOWEVER, THE CURRENT FOCUS IS DEVELOPING A COMMUNITY HEALTH CENTER IN AMADOR COUNTY 3 ACCESS TO HEALTH EDUCATION AND HEALTH LITERACY THIS IS AN IMPORTANT ISSUE AND ONE WE'RE ABLE TO ADDRESS THROUGH OUR COMMUNITY SPONSORSHIP PROGRAM, BY FUNDING EFFORTS LIKE THE ARC OF AMADOR AND CALAVERAS HEALTHY LIFESTYLE PROGRAM, THE AMADOR COUNTY RECREATION AGENCY AND THE SAH COMMUNITY WALKING TRAIL 4 ACCESS TO AFFORDABLE, HEALTHY FOOD THIS IS AN IMPORTANT ISSUE AND ONE WE'RE ABLE TO ADDRESS THROUGH OUR COMMUNITY SPONSORSHIP PROGRAM, BY FUNDING ORGANIZATIONS LIKE THE LOCAL FOOD BANK 5 ACCESS TO DENTAL CARE AND PREVENTION THIS IS A CRITICAL ISSUE AND SOMETHING SAH HOPES TO ADDRESS IN THE FUTURE, HOWEVER, THE CURRENT FOCUS IS DEVELOPING A COMMUNITY HEALTH CENTER IN AMADOR COUNTY, WITH THE POSSIBILITY OF PROVIDING DENTAL SERVICES IN THE YEARS TO COME 6 SAFE AND VIOLENCE FREE ENVIRONMENT THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SMCS HAS THE EXPERTISE TO EFFECTIVELY ADDRESS 7 POLLUTION FREE LIVING WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT, THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE SUTTER DAVIS HOSPITAL (A, 10) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER DAVIS HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACTIVE LIVING AND HEALTHY EATING 2 ACCESS TO BEHAVIORAL HEALTH SERVICES 3 ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES 4 BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION) DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SUTTER DAVIS HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS TH

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 15E	SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, LINES 16A, 16B, & 16C SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16j	SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 22D SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 4-5, 8-10) AMOUNTS 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 REVENUE CODE SECTION 1 501(R) -5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT

Form 990 Part V Section C Supplemental Information for Part V, Section 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 B	<p>SCHEDULE H, PART V, SECTION B, LINE 3E OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) 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, SECTION B, LINE 5 OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) SUTTER MEDICAL CENTER SACRAMENTO INCLUDES THE FOLLOWING FACILITIES LISTED IN PART V SECTION A OSE ADAMS MEDICAL PAVILION, SUTTER MED CENTER, SACRAMENTO WOMEN & CHILDREN'S, AND SUTTER CENTER FOR PSYCHIATRY IN CONDUCTING ITS MOST RECENT CHNA, SUTTER MEDICAL CENTER SACRAMENTO, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS TRANSCRIPTS AND NOTES FROM INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A PRIORITY TO ADDRESS PRIMARY DATA FOR SMCS & SCP INCLUDED 45 KEY INFORMANT INTERVIEWS WITH 56 PARTICIPANTS AND 20 FOCUS GROUPS CONDUCTED WITH 228 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS A COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN APPENDIX E AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN APPENDIX F OF THE CHNA THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T</p>

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A	OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) A COLLECTION OF FOUR NONPROFIT HOSPITALS, ALL SERVING PORTIONS OF OR THE SAME COMMUNITIES, COLLABORATED TO SPONSOR AND PARTICIPATE IN THE CHNA INCLUDING SUTTER HEALTH, DIGNITY HEALTH, KAISER PERMANENTE AND UC DAVIS HEALTH SYSTEM SCHEDULE H, PART V, SECTION B, LINES 7A, 7B, 10A OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) FILING ORG WEBSITES - SUTTER MEDICAL CENTER SACRAMENTO HTTP //WWW SUTTERMEDICALCENTER ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 11	OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER MEDICAL CENTER, SACRAMENTO INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 ACCESS TO BEHAVIORAL HEALTH SERVICES 2 ACTIVE LIVING AND HEALTHY EATING 3 ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES 4 BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION) DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SUTTER MEDICAL CENTER, SACRAMENTO IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT 1 DISEASE PREVENTION, MANAGEMENT AND TREATMENT WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SMCS HSA 2 AFFORDABLE AND ACCESSIBLE TRANSPORTATION WE ARE CONTINUOUSLY LOOKING FOR OPPORTUNITIES TO PROVIDE COLLABORATIVE TRANSPORTATION OPTIONS TO THE UNDERSERVED COMMUNITIES, HOWEVER, WE HAVE NOT YET FOUND THE PERFECT FIT IN SACRAMENTO COUNTY ALTHOUGH WE DON'T HAVE CURRENT PLANS TO ADDRESS TRANSPORTATION, THERE IS ALWAYS A CHANCE THAT ONE MAY DEVELOP IN THE YEARS AHEAD 3 POLLUTION-FREE LIVING AND WORK ENVIRONMENTS WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT, THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 15E	OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE PART V, LINES 16A, 16B, & 16C OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16j	OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 22D OSE ADAMS MEDICAL PAVILION, SUTTER MEDICAL CENTER SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL), SUTTER CENTER FOR PSYCHIATRY (GROUP B, 1-2 & 7) AMOUNTS 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 REVENUE CODE SECTION 1 501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT

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 MEMORIAL MEDICAL CENTER	<p>SCHEDULE H, PART V, SECTION B, LINE 3E MEMORIAL MEDICAL CENTER (FACILITY 3) THE SIGNIFICA NT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMU NITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, SECTION B, LINE 5 MEMORIAL MEDIC AL CENTER (FACILITY 3) IN CONDUCTING ITS MOST RECENT CHNA, MEMORIAL MEDICAL CENTER (MMC), A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRE SENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS THROUGH KEY INFORMANT INTERVIEWS AND FO CUS GROUPS INDIVIDUALS WITH THE KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEA LTH NEEDS OF THE COMMUNITY WERE CONSULTED THESE INDIVIDUALS INCLUDED REPRESENTATIVES FROM LOCAL PUBLIC HEALTH DEPARTMENTS AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICA LLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS ADDITIONALLY, WHERE APPLICABLE, OTH ER INDIVIDUALS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE CONSULTED AD LUCEM CONSULTING CO NDUCTED STAKEHOLDER INTERVIEWS WITH SEVEN INDIVIDUALS REPRESENTING A DIVERSITY OF SECTORS INCLUDING PUBLIC HEALTH, COMMUNITY BASED ORGANIZATIONS, SAFETY NET, EDUCATION AND GOVERNMENT THE STAKEHOLDERS WERE IDENTIFIED BY MEMORIAL MEDICAL CENTER AND KAISER FOUNDATION HOS PITAL (KFH) MODESTO STAFF ALL INTERVIEWS WERE CONDUCTED BY TELEPHONE IN ENGLISH AND TOOK APPROXIMATELY 30-45 MINUTES TO COMPLETE THE INTERVIEWS FOLLOWED A STANDARD SET OF INTERVIEW QUESTIONS AND THE INTERVIEWER TOOK DETAILED NOTES DURING THE CALL AT THE BEGINNING OF THE INTERVIEW, CONFIDENTIALITY WAS ASSURED AND THE RESPONDENTS WERE INVITED TO SKIP QUESTI ONS NOT APPLICABLE TO THE RESPONDENT'S EXPERIENCE INTERVIEW QUESTIONS WERE DEVELOPED BY A D LUCEM CONSULTING WITH INPUT FROM MMC AND KFH MODESTO FOR THE COMPLETE LIST OF INTERVIEW QUESTIONS, SEE APPENDIX C OF THE CHNA QUESTIONS ADDRESSED THE FOLLOWING TOPICS - TOP TH REE HEALTH ISSUES IN STANISLAUS COUNTY - FACTORS THAT CONTRIBUTE TO THE TOP HEALTH ISSUES - IMPACTS ON SPECIFIC POPULATIONS (E G LOW INCOME, RACIAL/ETHNIC SUBPOPULATIONS) - SUCCE SSFUL STRATEGIES AND COMMUNITY ASSETS TO ADDRESS TOP HEALTH ISSUES - OPPORTUNITIES AND ROLE FOR COMMUNITY AND MMC TO ADDRESS TOP HEALTH ISSUES UPON COMPLETION OF EACH INTERVIEW, RES PONSES WERE GROUPED BY QUESTION AND ANALYZED FOR COMMON THEMES ACROSS ALL RESPONDENTS DAT A WERE THEN CODED AND A SET OF RELEVANT THEMES SELECTED THE CODES WERE SUBSEQUENTLY QUANT IFIED AND TALLIED FOR THEIR PRESENCE IN RESPONSE TO EACH QUESTION THE NUMBER OF TIMES EAC H THEME OCCURRED WAS TABULATED THE MOST PROMINENT THEMES WERE IDENTIFIED AND INCLUDED IN EACH RELEVANT TOPIC AREA IN THE HEALTH NEEDS PROFILES AND USED TO INFORM BOTH THE IDENTIFI CATION AND HEALTH NEED PRIORITIZATION PROCESS AD LUCEM CONSULTING CONDUCTED EIGHT COMMUNI TY RESIDENT FOCUS GROUPS IN FIVE DIFFERENT GEOGRAPHIC AREAS WITHIN THE MMC SERVICE AREA, I NCLUDING CERES, PATTERSON, TUR</p>

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 MEMORIAL MEDICAL CENTER	<p>LOCK, HUGHSON AND MODESTO FOUR GROUPS WERE CONDUCTED IN SPANISH, THREE WERE CONDUCTED IN ENGLISH AND ONE WAS CONDUCTED IN SPANISH AND ENGLISH PARTICIPANTS WERE MALE AND FEMALE AD ULTS WHO REPRESENTED UNDERSERVED, LOW-INCOME, AND VARIED ETHNIC COMMUNITIES POPULATION GR OUPS REPRESENTED INCLUDED PROMOTORS, COMMUNITY SERVICE AGENCY CLIENTS, AND OLDER ADULTS P ARTICIPANTS WERE RECRUITED FROM COMMUNITIES THROUGHOUT THE MMC SERVICE AREA MMC AND KFH M ODESTO STAFF RECRUITED PARTICIPANTS AND ORGANIZED LOGISTICS FOR THE FOCUS GROUPS, INCLUDIN G PROVIDING INCENTIVES AND REFRESHMENTS EACH FOCUS GROUP SESSION AVERAGED 90 MINUTES AND WAS FACILITATED BY AD LUCEM CONSULTING ALL FOCUS GROUPS WERE RECORDED AND THE MODERATOR O R CO-MODERATOR TOOK NOTES COMMUNITY RESIDENT PARTICIPANTS WERE PROVIDED WITH A MEAL OR SN ACK AND RECEIVED A GIFT CARD IN APPRECIATION OF THEIR PARTICIPATION A FOCUS GROUP GUIDE W AS USED TO ENSURE CONSISTENCY ACROSS GROUPS THE FOCUS GROUP QUESTIONS WERE DEVELOPED BY A D LUCEM CONSULTING WITH INPUT FROM MMC AND KFH MODESTO QUESTIONS WERE OPEN-ENDED AND ADDI TIONAL PROBING QUESTIONS WERE USED AS NEEDED TO ELICIT MORE IN-DEPTH RESPONSES AND RICHER DETAILS THE QUESTIONS WERE TRANSLATED INTO SPANISH BY A NATIVE SPANISH-SPEAKER EXPERIENCE D IN TRANSLATION, THE GUIDE WAS MODIFIED SLIGHTLY TO MAINTAIN QUESTION FLOW AND INTENT IN SPANISH AT THE BEGINNING OF EACH FOCUS GROUP SESSION, PARTICIPANTS WERE WELCOMED AND ASSU RED ANONYMITY OF THEIR RESPONSES AND IDENTITY AN OVERVIEW OF THE DISCUSSION WAS PROVIDED AS WELL AS A REVIEW OF DISCUSSION GROUND RULES, SUCH AS "THERE ARE NO RIGHT OR WRONG ANSWE RS " FOR THE COMPLETE LIST OF FOCUS GROUP QUESTIONS, SEE APPENDIX D OF THE CHNA QUESTIONS ADDRESSED THE FOLLOWING TOPICS 1 VISION FOR A HEALTHY COMMUNITY 2 TOP THREE HEALTH ISS UES IN STANISLAUS COUNTY 3 FACTORS THAT CONTRIBUTE TO THE TOP HEALTH ISSUES 4 SUCCESSFUL STRATEGIES AND COMMUNITY ASSETS TO ADDRESS TOP HEALTH ISSUES AND RESOURCES NEEDED 5 OPPO RTUNITIES TO ENGAGE COMMUNITY MEMBERS IN CREATING A HEALTHY COMMUNITY AUDIO RECORDINGS OF THE FOCUS GROUPS WERE TRANSCRIBED VERBATIM BY A PROFESSIONAL TRANSCRIPTION COMPANY RESPON SES WERE ANALYZED BY KEY QUESTIONS AND THEMES WERE IDENTIFIED AND CODED ACROSS FOCUS GROUP S IN A SYSTEMATIC MANNER IN REPORTING THE RESULTS, CARE WAS TAKEN TO ENSURE THAT THE VIEW S OF THE PARTICIPANTS WERE VOICED THE MOST PROMINENT THEMES WERE IDENTIFIED AND INCLUDED IN EACH RELEVANT TOPIC AREA IN THE HEALTH NEEDS PROFILES AND USED TO INFORM BOTH THE IDENT IFICATION AND HEALTH NEED PRIORITIZATION PROCESS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A	MEMORIAL MEDICAL CENTER (FACILITY 3) MEMORIAL MEDICAL CENTER AND KAISER FOUNDATION HOSPITAL - MODESTO COLLABORATED ON THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A MEMORIAL MEDICAL CENTER (FACILITY 3) HTTP //WWW MEMORIALMEDICALCENTER ORG/ABOUT/COMMUNITY-BENEFIT HTML OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 11	MEMORIAL MEDICAL CENTER (FACILITY 3) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT MEMORIAL MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY - HIGH RATE OF OBESITY HEALTHY EATING, ACTIVE LIVING, DIABETES - MENTAL HEALTH - ACCESS TO CARE - CANCERS - CARDIO VASCULAR DISEASE/STROKE - SUBSTANCE ABUSE AND TOBACCO DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL THE HEATH NEEDS IN THE COMMUNITY MEMORIAL MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - ASTHMA IS AN IDENTIFIED LOW PRIORITY HEALTH NEED THAT MEMORIAL MEDICAL CENTER IS NOT ADDRESSING THE RATIONALE FOR THIS IS THERE ARE RESOURCES AVAILABLE THROUGH OUR SISTER AFFILIATE, SUTTER GOULD MEDICAL CENTER THEY OFFER EXPERT PHYSICIAN CARE, AN ANNUAL ASTHMA FAIR AND THEY PARTICIPATE ON THE COMMUNITY ASTHMA COALITION - VIOLENCE - THIS IS A SIGNIFICANT NEED BUT WAS IDENTIFIED AS A "LOW PRIORITY" THE HOSPITAL HAS DECIDED NOT TO ADDRESS THIS AREA AS OUR CITY OFFICIALS AND LAW ENFORCEMENT AS WELL AS THE COMMUNITY ARE ADDRESSING THIS NEED WE WILL SUPPORT THEIR ENDEAVORS WHENEVER POSSIBLE - ECONOMIC SECURITY - ALSO IDENTIFIED AS A "LOW PRIORITY" OF THE HEALTH NEEDS IS A MAJOR CONCERN IN OUR COMMUNITY AS IN VIOLENCE, THE HOSPITAL HAS DECIDED NOT TO ADDRESS THIS AREA AS OUR GOVERNMENT PROGRAMS ARE ASSISTING CITIZENS TO PROVIDE BASIC NEEDS, FOOD, SHELTER, ETC WE WILL SUPPORT THEIR ENDEAVORS WHENEVER POSSIBLE

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 15E	MEMORIAL MEDICAL CENTER (FACILITY 3) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, & 16C MEMORIAL MEDICAL CENTER (FACILITY 3) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE MEMORIAL MEDICAL CENTER WEBSITE AT HTTP //WWW MEMORIALMEDICALCENTER ORG/ABOUT/FINANCIAL-ASSISTANCE HTML

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16J	MEMORIAL MEDICAL CENTER (FACILITY 3) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 22D MEMORIAL MEDICAL CENTER (FACILITY 3) AMOUNTS 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 REVENUE CODE SECTION 1 501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT

Form 990 Part V Section C Supplemental Information for Part V, Section 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 SUTTER TRACY COMMUNITY HOSPITAL	<p>SCHEDULE H, PART V, SECTION B, LINE 3E SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) 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, SECTION B, LINE 5 SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER TRACY COMMUNITY HOSPITAL DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA) COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF RESIDENTS AND LEADERS THROUGH A COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS, AND FOCUS GROUPS A COMMUNITY SURVEY WAS ADMINISTERED TO 2,927 RESIDENTS OF SAN JOAQUIN COUNTY IN THE PARTICIPANT'S SELF-IDENTIFIED DOMINANT LANGUAGE (ENGLISH OR SPANISH) OR VERBALLY IN OTHER LANGUAGES (HMONG OR CAMBODIAN) APPROXIMATELY 10% OF SURVEYS WERE ADMINISTERED IN SPANISH THE SURVEY WAS AVAILABLE ONLINE AND IN A PAPER VERSION AMONG ALL RESPONDENTS, 19 2% WERE UNDER AGE 25 AND 7 2% WERE OVER AGE 60 RESPONDENTS WERE 71 7% FEMALE, 43 0% IDENTIFIED AS LATINO, AND 26 6% SPOKE SPANISH AT HOME A TOTAL OF 34 INDIVIDUALS IDENTIFIED BY THE CORE PLANNING GROUP AS HAVING VALUABLE KNOWLEDGE, INFORMATION, AND EXPERTISE WERE INTERVIEWED INTERVIEWEES INCLUDED REPRESENTATIVES FROM THE LOCAL PUBLIC HEALTH DEPARTMENT, AS WELL AS LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS, AND THOSE WITH A CHRONIC DISEASE OTHER INDIVIDUALS FROM VARIOUS SECTORS WITH EXPERTISE IN LOCAL HEALTH NEEDS WERE ALSO CONSULTED TO MAXIMIZE RESOURCES AND STRENGTHEN RELATIONSHIPS, ALL INTERVIEWS WERE CONDUCTED BY MEMBERS OF THE CORE PLANNING GROUP FOR A COMPLETE LIST OF INDIVIDUALS WHO PROVIDED INPUT, SEE APPENDIX F FOR A SUMMARY OF KEY THEMES RELATED TO HEALTH NEEDS THAT AROSE FROM THESE INTERVIEWS, SEE APPENDIX E ADDITIONALLY, 29 FOCUS GROUPS WERE CONDUCTED THROUGHOUT THE COUNTY, REACHING 348 RESIDENTS TO MAXIMIZE RESOURCES AND LEVERAGE RELATIONSHIPS WITH COMMUNITY GROUPS AND RESIDENTS, THESE GROUPS WERE FACILITATED BY LOCAL VOLUNTEERS WHO HAD BEEN TRAINED BY MIG STAFF COMMUNITY PARTNERS PROVIDED INVALUABLE ASSISTANCE IN RECRUITING AND ENROLLING FOCUS GROUP PARTICIPANTS INDIVIDUALS WHO PARTICIPATED IN FOCUS GROUPS INCLUDED LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, CHRONICALLY DISEASED, AND MINORITY POPULATIONS PARTICIPANTS ALSO REPRESENTED A BREADTH OF GEOGRAPHIC REGIONS, RACIAL/ETHNIC SUBPOPULATIONS, AND AGE CATEGORIES FOR MORE INFORMATION ABOUT SPECIFIC POPULATIONS REACHED IN FOCUS GROUPS, SEE APPENDIX F FOR A SUMMARY OF KEY THEMES RELATED TO HEALTH NEEDS THAT AROSE FROM THESE FOCUS GROUPS, SEE APPENDIX E THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN THE SUTTER TRACY COMMUNITY HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN</p> <p>T</p>

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A & 6B	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) THE SAN JOAQUIN COUNTY CHNA WAS A COLLABORATIVE EFFORT THAT INCLUDED SAN JOAQUIN'S NONPROFIT HOSPITALS AND SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES, AS WELL AS MANY PARTNER ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COUNTY THE PROCESS WAS GUIDED BY A STEERING COMMITTEE THAT SUPPORTED AND PROVIDED INPUT ALONG THE WAY, AND WAS LED BY A CORE PLANNING GROUP THAT WAS RESPONSIBLE FOR PLANNING AND KEY DECISION-MAKING, INCLUDING PROVIDING SUBSTANTIAL ASSISTANCE IN DEVELOPING THE DATA COLLECTION INSTRUMENTS, WORKING ALONGSIDE CONSULTANTS TO COLLECT AND ANALYZE DATA, AND ULTIMATELY PRODUCE THIS REPORT CORE PLANNING GROUP MEMBERS - COMMUNITY MEDICAL CENTERS - COMMUNITY PARTNERSHIP FOR FAMILIES OF SAN JOAQUIN - DAMERON HOSPITAL ASSOCIATION - DIGNITY HEALTH-ST JOSEPH'S MEDICAL CENTER - FIRST 5 SAN JOAQUIN - HEALTH NET - HEALTH PLAN OF SAN JOAQUIN - KAISER PERMANENTE - SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES - SUTTER TRACY COMMUNITY HOSPITAL SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) FILING ORG WEBSITES HTTPS //WWW SUTTERHEALTH ORG/STCH/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 11	<p>SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER TRACY COMMUNITY HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 OBESITY & DIABETES 2 YOUTH GROWTH AND DEVELOPMENT 3 ECONOMIC SECURITY 4 VIOLENCE AND INJURY 5 ACCESS TO HOUSING 6 ACCESS TO MEDICAL CARE 7 MENTAL HEALTH 8 ORAL HEALTH DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SUTTER TRACY COMMUNITY HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - EDUCATION WHEN FURTHER EVALUATING THE DISPARITIES REGARDING HIGH SCHOOL GRADUATION AND DROP-OUT RATES FOR RESIDENTS IN THE HOSPITAL'S SERVICE AREA, IT WAS FOUND THAT LOCAL RESIDENTS ARE PERFORMING BETTER THAN NEIGHBORS THROUGHOUT THE SAN JOAQUIN COUNTY IN GENERAL TRACY UNIFIED SCHOOL DISTRICT DATA NOTES A SIGNIFICANT REDUCTION IN DROP-OUT RATES AND AN INCREASE IN GRADUATION RATES WITHIN THE LAST THREE YEARS, AND METRICS ARE BETTER THAN STATE RATES BASED ON THESE FINDINGS, THERE IS NO NEED FOR THE HOSPITAL TO IMPLEMENT PLANS TO ADDRESS THIS NEED - SUBSTANCE USE ALTHOUGH THE HOSPITAL DOES NOT HAVE A SPECIFIC STRATEGY TO CONFRONT THIS HEALTH ISSUE HEAD ON, IT DOES INTEND TO INDIRECTLY ADDRESS THE PRIORITY FINDING THROUGH THE VARIOUS OTHER INTERVENTIONS AS MENTIONED IN THIS REPORT MANY OF THE STRATEGIES IN THIS PLAN LOOK TO PROVIDE WHOLE-PERSON CARE, AND WILL OFFER REFERRALS TO SUBSTANCE ABUSE RESOURCES TO INDIVIDUALS AS NECESSARY - ASTHMA/AIR QUALITY DUE TO LIMITED RESOURCES AND ABILITY TO IMPACT ENVIRONMENTAL POLICIES, THE HOSPITAL DOES NOT INTEND TO DIRECTLY ADDRESS THIS HEALTH ISSUE HOWEVER, COMMUNITY BENEFIT STAFF WILL REMAIN ENGAGED IN BUILDING AWARENESS, INCREASING PREVENTION, AND GROWING EDUCATIONAL OPPORTUNITIES THROUGH INVOLVEMENT IN THE SAN JOAQUIN COUNTY CHRONIC DISEASE AND OBESITY TASKFORCE - ASTHMA AND COPD SUBCOMMITTEE</p>

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 15E	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE PART V, LINES 16A, 16B, & 16C SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER TRACY COMMUNITY HOSPITAL WEBSITE AT HTTP //WWW SUTTERTRACY ORG/ABOUT/FINANCIAL-ASSISTANCE HTML

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16J	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 22D SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 6) AMOUNTS 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 REVENUE CODE SECTION 1 501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT

Form 990 Part V Section C Supplemental Information for Part V, Section 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 MEMORIAL HOSPITAL LOS BANOS	SCHEDULE H, PART V, SECTION B, LINE 3E MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) 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, SECTION B, LINE 5 MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) IN CONDUCTING ITS MOST RECENT CHNA, MEMORIAL HOSPITAL LOS BANOS DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY MEMORIAL HOSPITAL LOS BANOS, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS REPRESENTED IN THIS PROCESS WERE ASKED TO EVALUATE HEALTH NEEDS SPECIFICALLY IN THE LOS BANOS AREA KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 79 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS OR MEDICALLY UNDERSERVED POPULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A	MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) MEMORIAL HOSPITAL LOS BANOS AND MERCY MEDICAL CENTER MERCED COLLABORATED ON THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) FILING ORG WEBSITES HTTP //WWW MEMORIALLOSBANOS ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT HTML OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 11	MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT MEMORIAL HOSPITAL LOS BANOS INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 NUTRITION, PHYSICAL ACTIVITY & WEIGHT 2 ACCESS TO HEALTHCARE SERVICES 3 MENTAL HEALTH 4 DIABETES 5 INJURY AND VIOLENCE 6 IMMUNIZATION & INFECTIOUS DISEASES DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH ADDITIONAL EFFORTS ON BEHALF OF MEMORIAL HOSPITAL LOS BANOS NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY MEMORIAL HOSPITAL LOS BANOS IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT - HEART DISEASE AND STROKE - AT THIS TIME MHLB DOES NOT HAVE SPECIFIC STRATEGIES TO INCREASE SERVICES OR PROGRAMS TO ADDRESS IS THIS NEED MHLB CURRENTLY HAS PHYSICIANS AND DIAGNOSTIC SERVICES FOCUSED ON HEART DISEASE AND STROKE - SUBSTANCE ABUSE - WHILE THERE IS NOT A CURRENT STRATEGY TO ADDRESS SUBSTANCE ABUSE, PROGRAMS AND/OR SERVICES OFFERED THROUGH THE MENTAL HEALTH STRATEGIES MAY ADDRESS THIS ISSUE - ORAL HEALTH - THIS NEED IS CURRENTLY BEING ADDRESSED BY OTHER FACILITIES IN THE COMMUNITY - RESPIRATORY DISEASES - A RELATIVELY LOW PRIORITY WAS ASSIGNED TO THIS NEED BY THE COMMUNITY - CANCER - A RELATIVELY LOW PRIORITY WAS ASSIGNED TO THIS NEED AND MHLB CURRENTLY DOES HAVE FACULTY WITH THE EXPERTISE TO EFFECTIVELY ADDRESS THIS NEED - DEMENTIA, INCLUDING ALZHEIMER'S DISEASE - A RELATIVELY LOW PRIORITY WAS ASSIGNED TO THIS NEED - POTENTIALLY DISABLING CONDITIONS - A RELATIVELY LOW PRIORITY WAS ASSIGNED TO THIS NEED SCHEDULE H, PART V, SECTION B, LINE 15E MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE SCHEDULE H, PART V, LINES 16A, 16B, & 16C MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE MEMORIAL HOSPITAL LOS BANOS WEBSITE AT HTTP //WWW MEMORIALLOSBANOS ORG/ABOUT/FINANCIAL-ASSISTANCE HTML

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16J	MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 22D MEMORIAL HOSPITAL LOS BANOS (FACILITY 11) AMOUNTS 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 REVENUE CODE SECTION 1 501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT

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 STANISLAUS SURGICAL HOSPITAL	<p>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</p> <p>SCHEDULE H, PART V, SECTION B, LINE 5 STANISLAUS SURGICAL HOSPITAL (FACILITY 12) IN CONDUCTING ITS MOST RECENT CHNA, STANISLAUS SURGICAL HOSPITAL (SSH) A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS. INDIVIDUALS WITH THE KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE CONSULTED. THESE INDIVIDUALS INCLUDED REPRESENTATIVES FROM LOCAL PUBLIC HEALTH DEPARTMENTS AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. ADDITIONALLY, WHERE APPLICABLE, OTHER INDIVIDUALS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE CONSULTED. THE FOLLOWING QUESTIONS SERVED AT THE INTERVIEW GUIDES FOR BOTH KEY INFORMANT AND FOCUS GROUP INTERVIEWS:</p> <p>KEY INFORMANT INTERVIEW QUESTIONS</p> <p>1. WHAT ARE STANISLAUS COUNTY'S 3 MOST CRITICAL HEALTH ISSUES? WHY ARE THESE THE TOP PRIORITIES?</p> <p>2. STARTING WITH (HEALTH ISSUE #1), WHAT ARE THE FACTORS THAT CONTRIBUTE TO MAKING THIS A PRIORITY?</p> <p>3. HOW DO THE HEALTH ISSUES YOU'VE IDENTIFIED SPECIFICALLY IMPACT LOW INCOME, UNDERSERVED/UNINSURED POPULATIONS? WHICH POPULATIONS DO THE ISSUES IMPACT MOST?</p> <p>4. HOW DO THE HEALTH ISSUES YOU'VE IDENTIFIED IMPACT ETHNIC/RACIAL SUBPOPULATIONS? WHICH POPULATIONS DO THE ISSUES IMPACT MOST?</p> <p>5. BASED ON YOUR KNOWLEDGE AND EXPERTISE, WHAT ARE THE SUCCESSFUL STRATEGIES THAT COULD BE IMPLEMENTED TO ADDRESS THE TOP 3 HEALTH ISSUES YOU HAVE IDENTIFIED? WHAT ARE SOME OF THE CHALLENGES TO ADDRESSING THE HEALTH ISSUES?</p> <p>6. WHAT ASSETS AND SERVICES ARE AVAILABLE IN STANISLAUS COUNTY TO ADDRESS THE TOP HEALTH ISSUES?</p> <p>7. BEYOND THE TOP 3 HEALTH ISSUES YOU'VE IDENTIFIED, ARE THERE ANY OTHER HEALTH ISSUES THAT YOU THINK ARE ALSO IMPORTANT TO ADDRESS?</p> <p>8. WHAT ARE YOUR SUGGESTIONS FOR WAYS TO ENGAGE COMMUNITY MEMBERS, PARTICULARLY LOW INCOME, UNDERSERVED/UNINSURED POPULATIONS AND ETHNIC/RACIAL SUBPOPULATIONS, IN ADDRESSING THE HEALTH ISSUES?</p> <p>9. WHAT ROLE CAN KAISER PERMANENTE CENTRAL VALLEY AND SUTTER HEALTH MEMORIAL MEDICAL CENTER PLAY IN ADDRESSING THE HEALTH ISSUES?</p> <p>10. IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE ABOUT THE TOP HEALTH ISSUES IN STANISLAUS COUNTY AND HOW TO ADDRESS THE ISSUES?</p> <p>FOCUS GROUP INTERVIEW QUESTIONS</p> <p>1. PLEASE DESCRIBE FOR ME YOUR IDEA OF WHAT A HEALTHY COMMUNITY LOOKS LIKE.</p> <p>2. NOW THINK ABOUT HOW YOUR COMMUNITY IS RIGHT NOW. WHAT IS HEALTHY ABOUT YOUR COMMUNITY? - WHAT MAKES IT EASY TO BE HEALTHY IN YOUR COMMUNITY? - WHAT MAKES IT DIFFICULT TO BE HEALTHY IN YOUR COMMUNITY?</p> <p>3. IN 2013, WE ASKED COMMUNITY MEMBERS TO DESCRIBE THE TOP HEALTH ISSUES IN THE COMMUNITY: ASTHMA, OBESITY/OVERWEIGHT/DIABETES AND ACCESS TO</p>

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 STANISLAUS SURGICAL HOSPITAL	O CARE CAME UP AS TOP HEALTH ISSUES FACING YOUR COMMUNITY HOW IMPORTANT DO YOU THINK THES E ISSUES ARE TODAY? - WHAT OTHER HEALTH ISSUES ARE IMPORTANT? - OF ALL THE HEALTH ISSUES W E'VE DISCUSSED WHAT WOULD YOU SAY ARE THREE MOST URGENT ONES? 4 WHAT ARE THE TOP THREE TH INGS THAT COULD BE DONE TO MAKE YOUR COMMUNITY HEALTHIER? - FOR EACH OF THESE, WHAT ARE SO ME SUCCESSFUL WAYS TO ADDRESS THEM THAT YOU'VE SEEN EITHER IN YOUR COMMUNITY OR OTHER COMM UNITIES YOU KNOW ABOUT? - IF YOU HAVEN'T SEEN OR HEARD ABOUT THINGS THAT HAVE BEEN SUCCESS FUL, DO YOU HAVE ANY IDEAS FOR WAYS TO MAKE YOUR COMMUNITY HEALTHIER? 5 WHAT ARE SOME ORG ANIZATIONS, SERVICES OR RESOURCES IN YOUR COMMUNITY THAT HELP PEOPLE TO BE HEALTHY? - HOW DO THESE ORGANIZATIONS, SERVICES OR RESOURCES HELP PEOPLE TO BE HEALTHY? 6 WHAT DOES THE COUNTY/YOUR COMMUNITY NEED IN TERMS OF HEALTH (SERVICES, PROGRAMS, ETC) THAT DOES NOT CUR RENTLY EXIST IN THE COMMUNITY? 7 WHAT DO YOU RECOMMEND AS THE BEST WAYS TO GET PEOPLE IN YOUR COMMUNITY INVOLVED IN MAKING YOUR COMMUNITY HEALTHIER? PLEASE BE SPECIFIC - WHAT ARE THE CHALLENGES TO ENGAGING PEOPLE IN YOUR COMMUNITY? - HOW CAN THESE CHALLENGES BE OVERCO ME? 8 WE'RE JUST ABOUT READY TO WRAP UP IS THERE ANYTHING ELSE YOU FEEL IS IMPORTANT FOR US TO KNOW ABOUT HEALTH IN YOUR COMMUNITY?

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 6A	STANISLAUS SURGICAL HOSPITAL (FACILITY 12) STANISLAUS SURGICAL HOSPITAL, MEMORIAL MEDICAL CENTER AND KAISER FOUNDATION HOSPITAL - MODESTO COLLABORATED ON THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT SCHEDULE H, PART V, SECTION B, LINES 7A AND 7B STANISLAUS SURGICAL HOSPITAL (FACILITY 12) HTTPS //WWW SUTTERHEALTH ORG/PDF/FOR-PATIENTS/CHNA/STANISLAUS-2018-CHNA PD F OTHER WEBSITE HTTPS //WWW SUTTERHEALTH ORG/PDF/FOR-PATIENTS/CHNA/STANISLAUS-2018-CHNA PD F SCHEDULE H, PART V, SECTION B, LINE 10A STANISLAUS SURGICAL HOSPITAL (FACILITY 12) HTTPS //WWW SUTTERHEALTH ORG/PDF/FOR-PATIENTS/CHNA/SSH-2019-IMPLEMENTATION -STRATEGY PDF

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 11	STANISLAUS SURGICAL HOSPITAL (FACILITY 12) THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT STANISLAUS SURGICAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY 1 SAFE AND VIOLENCE-FREE ENVIRONMENT 2 ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES 3 ACTIVE LIVING/HEALTH EATING 4 ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 5 ACCESS TO BASIC NEEDS, SUCH AS HOUSING AND EMPLOYMENT DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI NO HOSPITAL CAN ADDRESS ALL THE HEATH NEEDS IN THE COMMUNITY STANISLAUS SURGICAL HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT 1 INJURY AND DISEASE PREVENTION MANAGEMENT - THIS IS AN IDENTIFIED LOW PRIORITY HEALTH NEED THAT SSH IS NOT ADDRESSING THE RATIONALE FOR THIS IS THERE ARE RESOURCES AVAILABLE THROUGH OUR SISTER AFFILIATE, SUTTER GOULD MEDICAL CENTER AND SUTTER TRACY COMMUNITY HOSPITAL THEY OFFER DIABETES MANAGEMENT THROUGH COMMUNITY MEDICAL CENTERS 2 ACCESS TO FUNCTIONAL NEEDS - TRANSPORTATION AND DISABILITY THAT PREVENT ACCESS THROUGH MOVEMENT - THIS IS ALSO IDENTIFIED AS A LOW PRIORITY HEALTH NEED THAT SSH IS NOT ADDRESSING MANY HEALTH PLANS OFFER TRANSPORTATION THROUGH THEIR MEDI-CAL PLANS AND WE WILL PARTNER WITH THEM TO PROVIDE THIS AS NEEDED IN ADDITION, OUR HOSPITAL PROVIDES TAXI VOUCHERS AND OTHER TRANSPORTATION OPTIONS ON A CASE BY CASE BASIS 3 ACCESS TO SPECIALTY CARE - ALSO IDENTIFIED AS A LOW PRIORITY HEALTH NEED THAT SSH IS NOT ADDRESSING OUR FOCUS IS ON ESTABLISHING PATIENTS WITH PRIMARY CARE AND MENTAL HEALTH CARE AS THOSE WERE BOTH IDENTIFIED AS HIGHER PRIORITY AREAS

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 15E	STANISLAUS SURGICAL HOSPITAL (FACILITY 12) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER PATIENTS MAY SUBMIT CHARITY CARE APPLICATIONS TO THE COLLECTIONS SUPERVISOR SCHEDULE H, PART V, LINES 16A, 16B, & 16C STANISLAUS SURGICAL HOSPITAL (FACILITY 12) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE STANISLAUS SURGICAL HOSPITAL WEBSITE AT HTTPS //STANISLAUSSURGICAL COM/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section 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
SCHEDULE H, PART V, SECTION B, LINE 16J	STANISLAUS SURGICAL HOSPITAL (12) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE SCHEDULE H, PART V, LINE 22D STANISLAUS SURGICAL HOSPITAL (12) AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR SLIDING SCALE CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 350% OF THE MOST RECENT FEDERAL POVERTY LEVEL IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1 501(R) -5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED, HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED

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 INFUSION THERAPY CENTER 11710 EDUCATION STREET AUBURN, CA 95602	OUTPATIENT SERVICES
1 WOUND CAREOSTOMY DEPARTMENT 11775 EDUCATION STREET AUBURN, CA 95602	OUTPATIENT SERVICES
2 URGENT CARE 11795 EDUCATION STREET AUBURN, CA 95602	OUTPATIENT SERVICES
3 INFUSION SERVICES 2020 SUTTER PLACE DAVIS, CA 95616	OUTPATIENT SERVICES
4 CARDIAC REHABILITATION 2030 SUTTER PLACE DAVIS, CA 95616	OUTPATIENT SERVICES
5 SUTTER AMADOR WOMEN'S SERVICES 100 MISSION BLVD JACKSON, CA 95642	OUTPATIENT SERVICES
6 DIABETES EDUCATION CLINIC 200 MISSION BLVD JACKSON, CA 95642	OUTPATIENT SERVICES
7 SUTTER SLEEP DISORDERS CENTER 1411 SECRET RAVINE PARKWAY STE 150 ROSEVILLE, CA 95661	OUTPATIENT SERVICES
8 OUTPATIENT SURGERY DEPARTMENT FOUR MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
9 WOUND CARE CENTER ONE MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
10 CHILDREN'S OUTPATIENT SERVICE CENTER 1625 STOCKTON BLVD SACRAMENTO, CA 95819	OUTPATIENT SERVICES
11 AMBULATORY SURGERY CENTER 2725 CAPITOL AVENUE SACRAMENTO, CA 95816	OUTPATIENT SERVICES
12 OUTPATIENT SERVICE CENTER 2800 L STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
13 FORT SUTTER SURGERY CENTER 2801 K STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
14 SUTTER CENTER FOR PSYCHIATRY 7919 FOLSOM BLVD STE 100 SACRAMENTO, CA 95826	OUTPATIENT SERVICES

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 SUTTER CANCER CENTER 100 HOSPITAL DRIVE VALLEJO, CA 94589	OUTPATIENT SERVICES
1 ROSEVILLE ENDOSCOPY CENTER 4 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
2 SUTTER AMADOR SURGERY CENTER 223 CLINTON RD JACKSON, CA 95642	OUTPATIENT SERVICES
3 SUTTER PIONEER HEALTH CENTER 24685 HIGHWAY 88 PIONEER, CA 95666	OUTPATIENT SERVICES
4 SUTTER REHABILITATION INSTITUTE 6 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
5 SUTTER PLYMOUTH HEALTH CENTER 9279 LOCUST STREET PLYMOUTH, CA 95669	OUTPATIENT SERVICES
6 MHLB RURAL HEALTH CLINIC 1253 WEST I STREET LOS BANOS, CA 93635	RURAL HEALTH CLINIC
7 MEMORIAL SURGERY CENTER 1401 SPANOS COURT MODESTO, CA 95355	OUTPATIENT SERVICES
8 SUTTER TRACY HOSPITAL IMAGING CENTER 1530 BESSIE AVENUE SUITE 109 TRACY, CA 95376	OUTPATIENT SERVICES
9 SUTTER SENIORCARE PACE 444 NORTH 3RD STREET SUITE 150 SACRAMENTO, CA 95814	ALL-INCLUSIVE CARE FOR THE ELDERLY

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number

94-1156621

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 90

3 Enter total number of other organizations listed in the line 1 table 8

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) PATIENT ASSISTANCE	5669		772,235	FMV	MEDICATION/TRANSPORT
(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	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND/OR YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECT'S BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS - AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BSA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM 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: 94-1156621
Name: SUTTER VALLEY 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
WELLSPACE HEALTH 777 12TH ST STE 250 SACRAMENTO, CA 95814	94-1713704	501(C)(3)	4,165,155				GENERAL SUPPORT
CITY OF SACRAMENTO 915 I ST STE 104 SACRAMENTO, CA 95814	94-6000410	GOVT	1,286,149				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY COMMUNITY FORUM FOR GREATER SAC 819 19TH ST SACRAMENTO, CA 95811	68-0377256	501(C)(3)	1,112,500				GENERAL SUPPORT
FOOD BANK OF YOLO COUNTY 1244 FORTNA AVE WOODLAND, CA 95776	23-7111782	501(C)(3)	1,000,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACER COUNTY OF AIR POLUTION CONTROL DIST 110 MAPLE ST AUBURN, CA 95603	94-6000527	501(C)(3)	1,000,000				GENERAL SUPPORT
MENTAL HEALTH LEADERSHIP INITIATIVE INC 14 CENTRAL AVE ISLAND HEIGHTS, NJ 08732	46-5714524	501(C)(3)	510,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN VALLEY HEALTH CENTERS 737 W CHILDS AVE MERCED, TN 95340	94-2196086	501(C)(3)	400,054				GENERAL SUPPORT
VALLEY CONSORTIUM FOR MEDICAL EDUCATION 1400 FLORIDA AVE STE 200 MODESTO, CA 95350	27-0506209	501(C)(3)	400,028				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS, CA 95617	94-2188574	501(C)(3)	400,000				GENERAL SUPPORT
SIERRA HEALTH FOUNDATION CTR FOR HEALTH PROG MGMT 1321 GARDEN HWY STE 210 SACRAMENTO, CA 95833	45-5282243	501(C)(3)	359,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF STANISLAUS CO PO BOX 3066 MODESTO, CA 95353	94-1212129	501(C)(3)	305,000				GENERAL SUPPORT
COMMUNITY PARTNERSHIP FOR FAMILIES PO BOX 1569 STOCKTON, CA 95201	68-0475602	501(C)(3)	271,803				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DIOCESE OF STOCKTON 1106 NO EL DORADO ST STOCKTON, CA 95201	94-1629114	501(C)(3)	264,733				GENERAL SUPPORT
SHADY CREEK OUTDOOR EDUCATION FOUNDATION 970 KLAMATH LN YUBA CITY, CA 95993	68-0239809	501(C)(3)	231,264				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	221,893				GENERAL SUPPORT
GLOBAL DEVELOPMENT INCUBATOR 1401 K ST NW STE 900 WASHINGTON, DC 20005	14-1945286	501(C)(3)	200,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO STEPS FORWARD 1331 GARDEN HWY STE 100 SACRAMENTO, CA 95833	27-4907397	501(C)(3)	195,860				GENERAL SUPPORT
SOLANO COALITION FOR BETTER HEALTH 1 HARBOR DR STE 270 SUISUN CITY, CA 94585	94-3189914	501(C)(3)	170,783				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST 12183 LOCKSLEY LN STE 205 AUBURN, CA 95602	68-0430154	501(C)(3)	160,000				GENERAL SUPPORT
DOWNTOWN SACTO PARTNERSHIP 980 NINTH ST STE 400 SACRAMENTO, CA 95814	68-0270320	501(C)(3)	135,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO CONVENTION AND VISITORS BUREAU 1608 I ST SACRAMENTO, CA 95814	94-0824640	501(C)(6)	130,000				GENERAL SUPPORT
INTERNATIONAL STUDENT TOURS 5080 ROBERT J MATHEWS PKWY EL DORADO, CA 95762	91-1915695	501(C)(3)	129,428				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ROSEVILLE 311 VERNON ST ROSEVILLE, CA 95678	94-6000409	GOVT	125,000				GENERAL SUPPORT
TOURO UNIVERSITY 1310 CLUB DR VALLEJO, CA 94592	13-3838740	501(C)(3)	124,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEAVE INC 1900 K ST SACRAMENTO, CA 95811	94-2493158	501(C)(3)	111,000				GENERAL SUPPORT
GATHERING INN 201 BERKELEY AVE ROSEVILLE, CA 95678	84-1657746	501(C)(3)	105,046				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF MERCED COUNTY 615 W 15TH ST MERCED, CA 95340	77-0357487	501(C)(3)	100,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF TRACY 753 W LOWELL AVE TRACY, CA 95376	68-0028682	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WASHINGTON EDUCATIONAL TELECOM 3939 CAMPBELL AVE ARLINGTON, VA 22206	53-0242992	501(C)(3)	100,000				GENERAL SUPPORT
HEALTH COMMUNICATION RESEARCH INSTITUTE INC 5025 J ST STE 311 SACRAMENTO, CA 95819	68-0195121	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IFRED PO BOX 17598 BALTIMORE, MD 21297	20-1427003	501(C)(3)	100,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC PO BOX 17598 DALLAS, TX 75231	13-5613797	501(C)(3)	97,161				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES NORTHERN CALIFORNI 2555 49TH ST SACRAMENTO, CA 95817	68-0147193	501(C)(3)	82,500				GENERAL SUPPORT
SACRAMENTO FOOD BANK SERVICES 3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501(C)(3)	80,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO LEADERSHIP COUNCIL INC 2945 BELL RD STE 274 AUBURN, CA 95603	27-0970476	501(C)(3)	75,000				GENERAL SUPPORT
CRHS SACRAMENTO WORK STUDY INC 6200 MCMAHON DR SACRAMENTO, CA 95824	41-2191660	501(C)(3)	70,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOIL BORN FARMS URBAN AGRICULTURE PROJECT PO BOX 661175 SACRAMENTO, CA 95866	20-0774693	501(C)(3)	65,000				GENERAL SUPPORT
SACRAMENTO METROPOLITAN CHAMBER OF COMMERCE ONE CAPITOL MALL STE 300 SACRAMENTO, CA 95814	94-0824600	501(C)(6)	63,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CANCER SOCIETY INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	52,500				GENERAL SUPPORT
SACRAMENTO ASIAN PACIFIC CHAMBER OF COM 2331 ALHAMBRA BLVD STE 100 SACRAMENTO, CA 95817	68-0306606	501(C)(6)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOW A SEED COMMUNITY FNDT 35 E 10TH ST STE D1 TRACY, CA 95376	11-3821058	501(C)(3)	50,000				GENERAL SUPPORT
STABILITY NETWORK 114 GARFIELD SEATTLE, WA 98109	82-3605300	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS CENTER OF SAN JOAQUIN COUNTY 620 NO SAN JOAQUIN ST STOCKTON, CA 95202	94-2341360	501(C)(3)	43,000				GENERAL SUPPORT
SACRAMENTO METRO CHAMBER FNDT 1 CAPITOL MALL STE 700 SACRAMENTO, CA 95814	20-2381828	501(C)(3)	40,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGNITY HEALTH 1091 INDUSTRIAL RD STE 200 SAN CARLOS, CA 94070	94-1196203	501(C)(3)	40,000				GENERAL SUPPORT
ROSEVILLE CHAMBER OF COMMERCE 650 DOUGLAS BLVD ROSEVILLE, CA 95678	94-1079379	501(C)(6)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTS TO SHARE INC 915 I ST FLR 3 SACRAMENTO, CA 95814	94-2985546	501(C)(3)	37,500				GENERAL SUPPORT
COMMUNITY SERVICE EDUCATION 5380 ELVAS AVE SACRAMENTO, CA 95819	23-7003581	501(C)(3)	36,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOLO COMMUNITY CARE CONTINUUM PO BOX 1101 DAVIS, CA 95617	94-2623205	501(C)(3)	36,500				GENERAL SUPPORT
SALVATION ARMY 180 E OCEAN BLVD LONG BEACH, CA 90802	94-1156347	501(C)(3)	35,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BEAUTIFUL MINDS WELLNESS 13300 NEW AIRPORT RD STE 100 AUBURN, CA 95602	46-5365497	501(C)(3)	33,000				GENERAL SUPPORT
DELTA COLLEGE FOUNDATION 5151 PACIFIC AVE STOCKTON, CA 95207	23-7367633	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAIRYTALE TOWN INC 3901 LAND PARK DR SACRAMENTO, CA 95822	94-1669088	501(C)(3)	30,000				GENERAL SUPPORT
CRISTO REY HIGH SCHOOL SACRAMENTO 8475 JACKSON RD SACRAMENTO, CA 95826	04-3832927	501(C)(3)	27,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHADOWCHASE RUNNING CLUB 1325 11TH ST MODESTO, CA 95354	94-2751030	501(C)(3)	27,000				GENERAL SUPPORT
CALIFORNIA DENTAL ASSN FNDT 1201 K ST STE 1511 SACRAMENTO, CA 95814	68-0411536	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION 1401 HALYARD DR STE 130 WEST SACRAMENTO, CA 95691	68-0027351	501(C)(3)	25,000				GENERAL SUPPORT
MENTAL HEALTH AMERICA INC 500 MONTGOMERY ST STE 820 ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LEAGUE OF CITIES INSTITUTE 660 NO CAPITAL ST NW STE 450 WASHINGTON, DC 20001	52-6055762	501(C)(3)	25,000				GENERAL SUPPORT
SOCIETY FOR THE BLIND INC 1238 S ST SACRAMENTO, CA 95811	94-1384666	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLANO ECONOMIC DEVCO CORP 360 CAMPUS LN STE 102 FAIRFIELD, CA 94534	91-1790564	501(C)(3)	25,000				GENERAL SUPPORT
STANISLAUS COMMUNITY FNDT 1029 16TH ST MODESTO, CA 95534	68-0483054	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LEADERSHIP FORUM MOUNTAIN VALLEY 1601 RESPONSE RD STE 350 SACRAMENTO, CA 95815	91-1792774	501(C)(3)	22,500				GENERAL SUPPORT
LEAVEN PROGRAM 2220 BOYNTON AVE STE A FAIRFIELD, CA 94533	26-3653717	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE OUR CITIES INC 1401 F ST MODESTO, CA 95354	47-1989572	501(C)(3)	20,000				GENERAL SUPPORT
FRIENDS OF SUTTERS FORT 2701 L ST SACRAMENTO, CA 95816	94-2608741	501(C)(3)	18,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION COUNCIL SACRAMENTO 4700 ROSEVILLE RD STE 102 NORTH HIGHLANDS, CA 94533	94-2833431	501(C)(3)	17,100				GENERAL SUPPORT
LIGHTHOUSE COUNSELING & FAMILY RESOURCE CTR 427 A ST STE 400 LINCOLN, CA 95648	35-2252834	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES PO BOX 1657 WILKESBARRE, PA 18703	13-1846366	501(C)(3)	15,000				GENERAL SUPPORT
SOLANO NAPA HABITAT FOR HUMANITY INC 5130 FULTON DR STE R FAIRFIELD, CA 94534	68-0252525	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VISION INC 3400 3RD AVE SACRAMENTO, CA 95817	94-3214572	501(C)(3)	15,000				GENERAL SUPPORT
YOLO CRISIS NURSERY INC 1477 DREW AVE STE 103 DAVIS, CA 95618	47-1006055	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CITY BUSINESS JOURNAL 120 W MOREHEAD ST STE 320 CHARLOTTE, NC 28202	43-1366184	501(C)(3)	14,670				GENERAL SUPPORT
CENTER FOR HUMAN SERVICES 1700 MCHENRY VILLAGE WY STE 11 MODESTO, CA 95350	94-1725620	501(C)(3)	12,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIS FARMERS MARKET ALLIANCE PO BOX 1813 DAVIS, CA 95617	47-4702989	501(C)(3)	12,000				GENERAL SUPPORT
VOLUNTEERS OF AMERICA NORTHERN CA & NEVADA 1900 POINT WEST WY STE 270 SACRAMENTO, CA 95815	94-6001984	501(C)(3)	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL ABOUT SACRAMENTO 555 CAPITOL MALL STE 1425 SACRAMENTO, CA 95814	81-3819431	GOVT	10,000				GENERAL SUPPORT
CALIFORNIA PRIMARY CARE ASSOC 1215 K ST STE 700 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPICE INC 4368 SPYRES WY MODESTO, CA 95356	94-2638213	501(C)(3)	10,000				GENERAL SUPPORT
ELK GROVE CHAMBER OF COMMERCE 9401 E STOCKTON BLVD STE 125 ELK GROVE, CA 95624	94-1483392	501(C)(6)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SIERRA COLLEGE YES ON MEASURE E PO BOX 345 ROCKLIN, CA 95677	82-0671030	501(C)(4)	10,000				GENERAL SUPPORT
HABITAT FOR HUMANITY YUBA SUTTER INC 202 D ST MARYSVILLE, CA 95901	68-0301692	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF MERCED 403 F ST LOS BANOS, CA 93635	94-6000521	GOVT	10,000				GENERAL SUPPORT
MIDTOWN SACRAMENTO PBID CORP 1401 21ST ST STE A SACRAMENTO, CA 95811	46-1549378	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACER BREAST CANCER ENDOWMENT PO BOX 564 ROSEVILLE, CA 95678	27-0690037	501(C)(3)	10,000				GENERAL SUPPORT
SACRAMENTO REG COALITION TO END HOMELESSNESS 1331 GARDEN HWY STE 101 SACRAMENTO, CA 95833	46-3175193	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA COLLEGE FOUNDATION 5100 SIERRA COLLEGE BLVD ROCKLIN, CA 95677	23-7241877	501(C)(3)	10,000				GENERAL SUPPORT
STANISLAUS PARTNERS IN EDUCATION PO BOX 4477 MODESTO, CA 95352	77-0294263	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUBA SUTTER PINK OCTOBER 871 E ONSTOTT RD YUBA CITY, CA 95991	20-1530007	501(C)(3)	9,000				GENERAL SUPPORT
CAPITAL AIRSHOW GROUP 10425 NORDEN AVE MATHER, CA 95655	74-3212900	501(C)(3)	8,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CITY OF LOS BANOS 645 7TH ST LOS BANOS, CA 93635	94-6000363	GOVT	7,500				GENERAL SUPPORT
SACRAMENTO BLACK CHAMBER OF COMMERCE FNDN 5770 FREEPORT BLVD STE 44 SACRAMENTO, CA 95822	95-4818928	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOHNS SHELTER FOR WOMEN AND CHILDREN 2443 FAIR OAKS BLVD STE 369 SACRAMENTO, CA 95825	68-0132934	501(C)(3)	7,500				GENERAL SUPPORT
STANISLAUS COUNTY HEALTH SVC AGENCY FDN PO BOX 302 MODESTO, CA 95353	94-2830419	501(C)(3)	7,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CITY OF CHAMBER OF COMMERCE 604 THIRD ST DAVIS, VA 95616	94-0420636	501(C)(6)	7,000				GENERAL SUPPORT
LOS BANOS CHURCH OF CHRIST 645 W L ST LOS BANOS, CA 93635	46-4666855	501(C)(3)	6,097				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMADOR TRANSIT 11400 AMERICAN LEGION DR JACKSON, CA 95642	45-2446817	501(C)(3)	6,000				GENERAL SUPPORT
LINCOLN AREA CHAMBER OF COMMERCE 540 F ST LINCOLN, CA 95648	94-1506195	501(C)(6)	5,150				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number

94-1156621

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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.

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

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

Yes No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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.

See Additional Data Table

Schedule J (Form 990) 2018

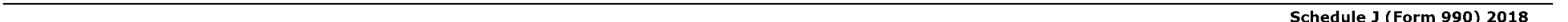
Part III Supplemental Information

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 ORGANIZATION'S OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS. DARYN KUMAR RECEIVED SEVERANCE PAYMENTS OF \$361,973.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>NONQUALIFIED RETIREMENT PLAN THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF 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 HEALTH'S QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR PAT BRADY - \$207,368 PHILLIP YU, MD - \$16,651</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	<p>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 SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS SUTTER USES A COMMON FATE APPROACH IN THAT ALL 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 HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO PAYMENT</p>



Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER VALLEY 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	(i)	0	0	0	0	0	0	0
	(ii)	882,157	310,854	130,789	460,359	22,245	1,806,404	113,665
Peter Hull MD Director/CME, SRMC	(i)	0	0	0	0	0	0	0
	(ii)	343,916	54,013	5,621	34,105	18,379	456,034	0
Sarah Krevans President & CEO, Sutter Health	(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
Grant Davies CEO, Valley Area Hospitals	(i)	0	0	0	0	0	0	0
	(ii)	663,863	239,440	292,720	180,204	20,538	1,396,765	274,829
Paige Terra CFO, SH Valley Area	(i)	0	0	0	0	0	0	0
	(ii)	512,533	147,915	52,107	81,501	19,848	813,904	43,475
Penny Westfall CHIEF LEGAL OFC SH VALLEY AREA	(i)	0	0	0	0	0	0	0
	(ii)	404,767	112,151	53,835	67,268	9,154	647,175	43,042
Brian Alexander CEO, SRMC (part-year)	(i)	0	0	0	0	0	0	0
	(ii)	402,963	97,552	22,508	78,744	15,651	617,418	18,225
Doug Archer ADMIN, MEMORIAL HOSP LOS BANOS	(i)	0	0	0	0	0	0	0
	(ii)	248,114	60,634	12,249	30,715	18,158	369,870	8,752
Pat Brady CEO, SRMC (PART-YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	6,262	100,045	274,835	1,167	1,926	384,235	0
David Cheney CEO, SMCS	(i)	0	0	0	0	0	0	0
	(ii)	523,739	167,433	12,940	153,438	15,314	872,864	0
Abhishek Dosi CEO, SSMC	(i)	0	0	0	0	0	0	0
	(ii)	299,157	68,701	7,167	81,005	22,753	478,783	0
Mitch Hanna CEO, SCH & SAFH	(i)	0	0	0	0	0	0	0
	(ii)	363,819	89,612	104,934	92,322	21,030	671,717	53,146
Daryn Kumar CEO, MMC (part-year)	(i)	0	0	0	0	0	0	0
	(ii)	75,275	83,068	559,412	46,587	2,977	767,319	0
Jennifer Maher CEO, SRMC (PART-YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	231,052	99,152	95,905	52,381	7,527	486,017	23,396
Eugene Patrizio CEO, MMC (part-year)	(i)	0	0	0	0	0	0	0
	(ii)	182,402	34,500	7,901	47,636	3,785	276,224	0
Anne Platt CEO, Sutter Amador Hospital	(i)	0	0	0	0	0	0	0
	(ii)	300,320	81,830	41,261	44,305	16,683	484,399	28,440
Jeffrey D Szczesny VP, HR, SH Valley area	(i)	0	0	0	0	0	0	0
	(ii)	382,993	121,505	46,686	59,561	19,515	630,260	39,482
David Thompson CEO, STCH & MHLB	(i)	0	0	0	0	0	0	0
	(ii)	380,051	122,794	52,300	96,637	20,649	672,431	40,401
Jose A Arevalo Chief Medical Officer	(i)	373,959	0	7,727	14,105	23,702	419,493	0
	(ii)	0	0	0	0	0	0	0
Lisa Cassaday Staff Nurse II	(i)	331,661	0	0	14,105	15,354	361,120	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				
Sherry E Emick VAD Clinical Specialist-RN	(i)	310,376	0	502	14,105	21,120	346,103	0
	(ii)	0	0	0	0	0	0	0
Linda Horn Executive Consultant	(i)	562,407	38,000	15,000	14,105	4,843	634,355	0
	(ii)	0	0	0	0	0	0	0
Russel M Roper Mgr, Assistant Nurse	(i)	317,839	0	502	14,105	20,886	353,332	0
	(ii)	0	0	0	0	0	0	0
Thomas Blinn FORMER CEO VALLEY FOUNDATION	(i)	0	0	0	0	0	0	0
	(ii)	0	0	291,377	0	0	291,377	0
John W Boyd CEO, Mental Health Services	(i)	0	0	0	0	0	0	0
	(ii)	382,291	103,300	37,314	86,655	17,456	627,016	29,352
Michael Cohill FORMER CEO, SMCS	(i)	0	0	0	0	0	0	0
	(ii)	0	0	605,821	0	0	605,821	0
Terry 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
Jeff Sprague SH SVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	749,362	269,485	186,017	503,648	15,462	1,723,974	158,762
Janet 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
Asit Gokli MD CMO, SH Valley Area	(i)	0	0	0	0	0	0	0
	(ii)	519,512	121,276	67,592	73,781	14,929	797,090	53,192
John Mesic MD PHYSICIAN EXEC, SH VALLEY AREA	(i)	0	0	0	0	0	0	0
	(ii)	591,730	190,373	82,238	80,505	14,608	959,454	66,742
Phillip Yu MD CME, STCH	(i)	0	0	0	0	0	0	0
	(ii)	340,423	86,089	21,820	39,005	18,400	505,737	0

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

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 VALLEY HOSPITALS

Employer identification number
94-1156621

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 5/1/07, 04 & 02		X		X		X
B CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X
C CSCDA 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X
D CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCT & REFUNDING		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		276,421,482		38,777,964		334,684,174	
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		276,421,482		0		145,589,174	
11	Other spent proceeds	329,041,638		0		38,777,964		189,095,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion			2014				2014	
		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	
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 %		0 140 %		0 %		0 980 %	
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 %		0 030 %		0 %		0 070 %	
6 Total of lines 4 and 5	2 460 %		0 170 %		0 %		1 050 %	
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	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

Return Reference	Explanation
SCHEDULE K, PART I-1, COLUMN (E)	<p>THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$213,941,683 FROM THE 2008A ISSUE, \$271,589,951 FROM THE 2011A ISSUE, \$25,952,489 FROM THE 2011C ISSUE, AND \$59,991,527 FROM THE 2011D ISSUE THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I-2, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$132,681,869 FROM THE 2012A ISSUE, \$46,787,671 FROM THE 2015A ISSUE, \$190,388,783 FROM THE 2016B ISSUE, AND \$266,365,544 FROM THE 2017A ISSUE THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I-1, LINE B, COLUMN (F) (CHFFA 2008A) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 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, BOND CSCDA 2011A ON 3/15/2016, BOND CSCDA 2011C ON 1/13/2016, AND BOND CHFFA 2011D ON 1/13/2016</p>

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER VALLEY HOSPITALS

Return Reference	Explanation
SCHEDULE K	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-1, COLUMN (E)	THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$213,941,683 FROM THE 2008A ISSUE, \$271,589,951 FROM THE 2011A ISSUE, \$25,952,489 FROM THE 2011C ISSUE, AND \$59,991,527 FROM THE 2011D ISSUE THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I-2, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$132,681,869 FROM THE 2012A ISSUE, \$46,787,671 FROM THE 2015A ISSUE, \$190,388,783 FROM THE 2016B ISSUE, AND \$266,365,544 FROM THE 2017A ISSUE THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I-1, LINE B, COLUMN (F) (CHFFA 2008A) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 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, BOND CSCDA 2011A ON 3/15/2016, BOND CSCDA 2011C ON 1/13/2016, AND BOND CHFFA 2011D ON 1/13/2016

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number
94-1156621

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 CSCDA 2012A	68-0164610	1307956K8	07-11-2012	132,681,869	REFUNDING 2002		X		X		X
B CHFFA 2015A	52-1643828	13032UAR9	11-12-2015	204,061,105	REFUND 2005A & 1995 CERTIFICATES		X		X		X
C CHFFA 2016B	52-1643828	13032UDW5	08-17-2016	901,627,093	REFUND 2003AB, 2005BC & 2007A	X			X		X
D CHFFA 2017A	52-1643828	13032UNY0	07-06-2017	496,319,743	Refund 2004CD,2008BC,Partial 2008A	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	132,681,869		204,061,105		902,923,938		496,319,743	
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	132,681,869		204,061,105		902,923,938		496,319,743	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		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	
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 ▶	0 100 %		0 120 %		0 240 %		1 360 %	
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 %		0 020 %		0 030 %	
6	Total of lines 4 and 5	0 130 %		0 120 %		0 260 %		1 390 %	
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		
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 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 VALLEY HOSPITALS

Employer identification number
94-1156621

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MORAG THOMSON	SEE PART V	25,642	SEE PART V		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	822,383	MEDICAL SERVICES		No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	278,200	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS WITH INTERESTED PERSONS MORAG THOMSON, THE DAUGHTER OF TRUSTEE HELEN THOMSON, IS A RN AT SUTTER CENTER FOR PSYCHIATRY WHICH IS PART OF SVH

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number
94-1156621

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		550 FMV	
5 Clothing and household goods	X		3,465 FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	5,982 FMV	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

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

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER VALLEY HOSPITALS

Part I, Lines 25-28

Other ▶ (PIANO)
Other ▶ (TOYS)
Other ▶ (HOLIDAY GIFTS)
Other ▶ (GIFT CARDS)
Other ▶ (INFANT SEATS)
Other ▶ (IPADS AND ACCESSORIES)
Other ▶ (FRAMED QUILT)
Other ▶ (MISCELLANEOUS)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	1	22,699	FMV
X	1	8,540	FMV
X	1	1,500	FMV
X	2	3,500	FMV
X	1	1,500	FMV
X	2	3,289	FMV
X	1	1,850	FMV
X	2	1,125	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
SUTTER VALLEY HOSPITALS**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****Employer identification number**

94-1156621

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT MISSION - WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES VISION - SUTTER HEALTH LEADS THE TRANSFORMATION OF HEALTH CARE TO ACHIEVE THE HIGHEST LEVELS OF QUALITY, ACCESS AND AFFORDABILITY VALUES - EXCELLENCE AND QUALITY, CARING AND COMPASSION, HONESTY AND INTEGRITY, TEAMWORK, COMMUNITY AND AFFORDABILITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS SUTTER VALLEY HOSPITALS SUTTER VALLEY HOSPITALS SERVES SACRAMENTO, PLACER, AMADOR, EL DORADO, NEVADA, YOLO, SOLANO, YUBA, SUTTER, STANISLAUS, MERCED, AND SAN JOAQUIN COUNTIES WITH COMPREHENSIVE HEALTH CARE WE STRIVE TO PROVIDE ACCESS TO PRIMARY CARE PHYSICIANS AND SPECIALTY SERVICES IN EACH OF OUR COMMUNITIES, AND HAVE A NETWORK OF MORE THAN 1,834 PHYSICIANS REGIONALLY AND MORE THAN 5,697 PHYSICIANS THROUGHOUT THE SUTTER HEALTH SYSTEM SUTTER VALLEY HOSPITALS PROVIDES MORE THAN \$890 MILLION IN CHARITY CARE AND COMMUNITY BENEFITS AND HAD A TOTAL OF 386,818 PATIENT DAYS IN 2018 SUTTER VALLEY HOSPITALS IS COMPRISED OF THE FOLLOWING HOSPITALS SUTTER AUBURN FAITH HOSPITAL IS LICENSED FOR 64 ACUTE BEDS, AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS SUTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTHCARE NEEDS OF AUBURN AND THE SURROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHYSICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER AMADOR HOSPITAL IS A 52-BED ACUTE CARE HOSPITAL LOCATED IN JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR COUNTY THE HOSPITAL WAS ESTABLISHED IN THE MID-1800'S AND BECAME AFFILIATED WITH SUTTER HEALTH IN 1993 SUTTER AMADOR HOSPITAL'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE RESIDENTS IN THE COMMUNITIES SERVED BY PROVIDING COORDINATED, EFFECTIVE, AFFORDABLE AND ACCESSIBLE HEALTH AND WELLNESS SERVICES SUTTER AMADOR HOSPITAL CONTINUOUSLY STRIVES TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING HEALTH AND WELLNESS SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER MEDICAL CENTER OF SACRAMENTO MEDICAL CAMPUSES INCLUDE TWO ACUTE CARE HOSPITALS - ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S CENTER AND ROSE ADAMS MEDICAL PAVILION, ALONG WITH TWO BUILDINGS DEDICATED TO DOCTORS' OFFICES AND OTHER CARE FOUND IN AN OUTPATIENT SETTING BY LOCATING ALL PRIMARY AND SPECIALTY CARE SERVICES IN A CENTRAL LOCATION WITH CONVENIENT FREEWAY ACCESS, PATIENTS AND FAMILIES NOW GAIN FASTER AND EASIER ACCESS TO NE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>EDED MEDICAL SERVICES THE 242-BED ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S CENTER IS A 10-STORY ACUTE-CARE HOSPITAL WHERE PATIENTS AND THEIR FAMILIES CAN OBTAIN THE HIGHEST LEVEL OF NEONATAL AND PEDIATRIC INTENSIVE CARE SERVICES, PEDIATRIC CARDIAC, NEUROSURGERY AND CANCER SERVICES, AND HIGH-RISK AND CONVENTIONAL MATERNITY SERVICES IT REPLACES SUTTER MEMORIAL HOSPITAL AS "SACRAMENTO'S BABY HOSPITAL" IS HOME TO THE SUTTER CHILDREN'S CENTER, SACRAMENTO, A COMPREHENSIVE CHILDREN'S HOSPITAL INSIDE THE WOMEN'S AND CHILDREN'S CENTER AMONG THE FEATURES OF THE WOMEN'S AND CHILDREN'S CENTER - ALL PRIVATE ROOMS, INCLUDING THOSE FOR NEW MOMS AND OUR PEDIATRIC PATIENTS THE ROOMS HAVE FURNITURE THAT CONVERTS INTO BEDS FOR FAMILIES TO STAY OVERNIGHT WITH THEIR LOVED ONES - A LIFE-SAVING HELISTOP ATOP THE BUILDING ADJACENT TO THE CAPITAL CITY FREEWAY WILL ALLOW FOR THE QUICK AND SAFE TRANSPORT OF PREEMIES AND OTHER SICK BABIES AS WELL AS OTHER PATIENTS - MOTHERS WHO HAVE GIVEN BIRTH BEING TREATED TO SPACIOUS SUITES WITH 8TH-FLOOR VIEWS OF THE CITY'S SKYLINE AND THE FOOTHILLS - THE NEONATAL INTENSIVE CARE UNIT FEATURES 61 BEDS FOR OUR TINIEST AND SICKEST BABIES IN A SETTING THAT LOOKS LIKE HOME AND ALLOWS FAMILIES TO BE MORE INVOLVED IN THE BABIES' CARE - FACILITIES THAT INCLUDE WASHERS AND DRYERS AND A KITCHEN FOR FAMILIES WHO HAVE EXTENSIVE STAYS</p> <p>OSE ADAMS MEDICAL PAVILION THE 281-BED OSE ADAMS MEDICAL PAVILION WAS PREVIOUSLY KNOWN AS SUTTER GENERAL HOSPITAL WHILE THE OUTER SHELL OF THE OSE ADAMS MEDICAL PAVILION REMAINS MUCH THE SAME - WITH AN EXPANSION IN THE SOUTHEAST CORNER TO FACILITATE THE DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND OTHER SERVICES - THE TRANSFORMATION OF THE HOSPITAL INCLUDES MAJOR ENHANCEMENTS TO ALL FIVE FLOORS WITH EMPHASIS ON FIVE MAIN SERVICES: EMERGENCY MEDICINE, CARDIOVASCULAR, NEUROSCIENCES, ORTHOPEDICS AND ONCOLOGY THE UPDATED THIRD FLOOR CONTAINS 24 OPERATING SUITES FOR INPATIENT SURGERIES IT IS THE NEW HOME FOR THE SUTTER HEART & VASCULAR INSTITUTE, WHICH BEGAN AT SUTTER MEMORIAL HOSPITAL WITH THE REGION'S FIRST OPEN-HEART SURGERIES IN THE LATE 1950S AND EARLY 1960S OSE ADAMS MEDICAL PAVILION HAS SIX NEW HEART CATHETERIZATION LABS AND HYBRID SUITES, AND FOUR SPECIALIZED OPERATING ROOMS DEDICATED TO HEART SURGERY - ONE SET UP SOLELY FOR PEDIATRIC HEART PATIENTS BECAUSE OF THE COMPLEX BRAIN AND OTHER SURGERIES AND PROCEDURES, THE OSE ADAMS MEDICAL PAVILION HOUSES 10 SPECIALLY DESIGNED, PRIVATE OBSERVATION BEDS ON THE FIFTH FLOOR THESE OBSERVATION UNITS WILL CONTAIN STATE-OF-THE-ART EQUIPMENT DEDICATED TO THE SPECIALIZED CARE OF SUTTER NEUROSCIENCE INSTITUTE PATIENTS SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993 IN 1997, SUTTER HEALTH OPENED A 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMATELY 20 MILES FROM DOWNTOWN SACRAMENTO THE HOSPITAL TODAY HAS 328 BEDS AND PROVIDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>S WITH COMPREHENSIVE COMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER, WHICH SERVES A SEVEN-COUNTY REGION THAT INCLUDES PLACER, YOLO, NEVADA, SUTTER AND YUBA COUNTIES, AND PORTIONS OF SACRAMENTO AND EL DORADO COUNTIES SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 106 LICENSED BED ACUTE CARE HOSPITAL IN VALLEJO, CALIFORNIA, BETWEEN SACRAMENTO AND SAN FRANCISCO THE NOT-FOR-PROFIT, COMMUNITY-BASED FACILITY IS FULLY ACCREDITED BY THE JOINT COMMISSION AND PROVIDES A FULL-RANGE OF GENERAL, EMERGENCY AND MEDICAL/SURGICAL SPECIALTIES SSMC AFFILIATED WITH SUTTER HEALTH IN 1984 ENSURING THE ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY SUTTER SOLANO MEDICAL CENTER'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES SERVED, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES SUTTER CENTER FOR PSYCHIATRY IS A 73-BED ACUTE BEHAVIORAL MEDICINE SPECIALTY HOSPITAL THAT TREATS ADULTS, ADOLESCENTS AND CHILDREN IT PROVIDES SERVICES TO CHILDREN FROM AGE 5 TO ELDERLY PATIENTS THROUGH A SPECTRUM OF CARE THAT ALLOWS EACH PERSON TO FIND THE LEVEL OF CARE NEEDED TO RETURN TO AN ACTIVE, HEALTHY LIFE FAMILY MEMBERS AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN EACH PATIENT'S CARE BY TAKING PART IN EDUCATIONAL SERVICES, THERAPY AND SUPPORT GROUPS SCP ALSO OFFERS A CRITICAL INCIDENT DEBRIEFING TEAM TO HELP EMPLOYEES OF BUSINESSES COPE AFTER A TRAUMATIC OR VIOLENT EPISODE SUTTER HEALTH EAP RESOURCES OFFERS CONFIDENTIAL ASSESSMENT, COUNSELING AND REFERRAL SERVICES TO EMPLOYEES OF LARGE AND SMALL BUSINESSES SUTTER CENTER FOR PSYCHIATRY OFFERS THE ONLY INPATIENT EATING DISORDER PROGRAM IN NORTHERN CALIFORNIA THIS NEW PROGRAM IS A SIX-BED SPECIALIZED TREATMENT PROGRAM FOR EATING DISORDER PATIENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>MEMORIAL MEDICAL CENTER (MMC) IS AN ACUTE CARE FACILITY LOCATED IN MODESTO, CALIFORNIA, 90 MILES SOUTH OF SACRAMENTO IN STANISLAUS COUNTY. CENTRALLY LOCATED TO SERVE OUR IMMEDIATE COUNTY AND OUTLYING AREAS, MEMORIAL WAS ESTABLISHED IN 1970. MEMORIAL MEDICAL CENTER IS CURRENTLY LICENSED FOR 419 ACUTE CARE BEDS AND IS A SUTTER HEALTH AFFILIATE. MEMORIAL HOSPITAL LOS BANOS (MHLB) IS A PRIVATE, NOT-FOR-PROFIT COMMUNITY HOSPITAL INCORPORATED UNDER CALIFORNIA LAW TO PROVIDE HEALTH CARE SERVICES WITHIN FINITE RESOURCES, TO CITIZENS OF LOS BANOS AND THE SURROUNDING GEOGRAPHICAL AREAS. WE PROVIDE HIGH QUALITY COMPASSIONATE CARE AND EXERCISE PRUDENT FISCAL RESPONSIBILITY. MHLB OPENED IN 1967 AND IS PART OF THE SUTTER CENTRAL VALLEY REGION. THE ORGANIZATION AFFILIATED WITH SUTTER HEALTH IN 1996 AND IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS. MEMORIAL HOSPITAL LOS BANOS IS CURRENTLY LICENSED FOR 40 ACUTE BEDS. SUTTER TRACY COMMUNITY HOSPITAL (STCH), SINCE 1948, CONTINUES TO BE THE ONLY FULL-SERVICE, 77 ACUTE CARE BEDS HOSPITAL WITHIN A 15-MILE RADIUS GEOGRAPHICALLY LOCATED IN TRACY, CALIFORNIA. STCH STAFF HAS THE OPPORTUNITY TO DELIVER CULTURALLY COMPETENT CARE TO THE DIVERSE POPULATION WITHIN ITS SERVICE AREA. AS A STATE-OF-THE-ART FACILITY, IT FEATURES THE LATEST MEDICAL TECHNOLOGY AND DIAGNOSTIC EQUIPMENT AND OFFERS A COMPREHENSIVE ARRAY OF INPATIENT AND OUTPATIENT SERVICES ON PAR WITH MANY LARGER, URBAN HOSPITALS. ADDITIONALLY, SUTTER TRACY IS COMMITTED TO BRINGING THE BEST AND BRIGHTEST PHYSICIANS AND THE LATEST ADVANCES IN MEDICINE TO THE COMMUNITY. IT IS AFFILIATED WITH MANY REMARKABLE, LOCAL PHYSICIANS WHO ARE AT THE FOREFRONT OF THEIR FIELD. SUTTER VALLEY HOSPITALS' SERVICES INCLUDE - 24-HOUR EMERGENCY TREATMENT - ACUTE REHABILITATION - ANESTHESIOLOGY - BARIATRIC SURGERY - CANCER CARE - CARDIAC CATHETERIZATION LABORATORY - CARDIAC REHABILITATION - CARDIOPULMONARY SERVICES - CARDIOVASCULAR SERVICES - COMMUNITY BENEFIT - CONGESTIVE HEART FAILURE PROGRAM - CONTINENCE - CRITICAL CARE - DENTISTRY - DERMATOLOGY - DIABETES EDUCATION & TREATMENT - DIAGNOSTIC IMAGING - DIALYSIS - DIGITAL MAMMOGRAPHY - EDUCATION RESPIRATORY THERAPY - ENDOSCOPY - FAMILY BIRTH CENTER - GASTROENTEROLOGY - HEART AND VASCULAR INSTITUTE - HOME HEALTH AND HOSPICE CARE - INFUSION THERAPY - INTENSIVE CARE - INTERNAL MEDICINE - IV THERAPY - LABORATORY - LACTATION ASSISTANCE PROGRAM - LEVEL II TRAUMA CENTER - MAJOR TRAUMA PATIENT RECEIVING CENTER - MEDICAL LIBRARY ACCESS - MODERN FAMILY BIRTHING CENTER - NEONATAL INTENSIVE CARE - NEPHROLOGY - NEUROLOGY - NUCLEAR MEDICINE - NUTRITIONAL SUPPORT SERVICES - OBSTETRICS AND PERINATAL CARE - OCCUPATIONAL MEDICINE - ONCOLOGY - OPHTHALMOLOGY - ORAL SURGERY - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT SURGERY - PAIN MEDICINE - PALLIATIVE CARE - PASTORAL CARE - PATHOLOGY - PATIENT AND COMMUNITY EDUCATION - PEDIATRICS - PHARMACY - PLASTIC SURGERY - PODIATRY - PRIMARY CARE/FAMILY PRACTICE - PULMONARY REHABIL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>ITATION - RADIATION ONCOLOGY - RADIOLOGY - REHABILITATION / PHYSICAL THERAPY - REHABILITATION SERVICES - RESPIRATORY CARE - RESPIRATORY THERAPY - SENIOR SERVICES - SLEEP DISORDERS CENTER - SOCIAL SERVICES - SPECIALTY CARE - SPEECH THERAPY - SPIRITUAL SERVICES - SURGICAL SERVICES - SUTTER REHABILITATION INSTITUTE - TELEMETRY - TRANSFUSION MEDICINE - TRAUMA NEUROINTENSIVE CARE UNIT - UROLOGY - VNA (HOME HEALTH AND IV THERAPY) - WOMEN'S IMAGING CENTER - WOUND CARE SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR) SUTTER VALLEY HOSPITALS OF SACRAMENTO SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, GI/GU AND MANY OTHER AREAS OF MEDICINE SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS - RESEARCH ADMINISTRATIVE SERVICES - RESEARCH SUPPORT SERVICES - CLINICAL TRIALS PROGRAM - LABORATORY RESEARCH AND TRAINING - SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) COMMUNITY BENEFIT THE MEDICAL FACILITIES IN SUTTER VALLEY HOSPITALS (SVH) PLAY AN INTEGRAL ROLE IN PROVIDING DIRECT HEALTH CARE SERVICES AS WELL AS MONETARY GRANTS OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMMUNITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNITIES THE COMMUNITY BENEFIT REPRESENTATIVES OF SVH WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS WHILE SBH MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE FACILITIES MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED IN FISCAL YEAR 2018, SUTTER VALLEY HOSPITALS PROVIDED A REGIONAL TOTAL OF \$890,896,006 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED \$ 32,030,397 IN FINANCIAL ASSISTANCE WITH MEANS-TESTED PROGRAMS OF \$80,890,066 AND MEDICAID \$777,975,543</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>THE AFFAIRS AND MANAGEMENT OF THE SUTTER VALLEY HOSPITALS (SVH) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SVH DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE CONSISTS OF SVH'S CHAIR WHO SERVES AS CHAIR OF THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE IMMEDIATE PAST CHAIR, IF HE OR SHE CONTINUES TO SERVE AS A DIRECTOR, AN ADDITIONAL DIRECTOR AND THE PRESIDENT OF SVH. AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR. FORM 990, PART VI, LINE 4 SIGNIFICANT CHANGES MADE TO THE ORGANIZATION'S GOVERNING DOCUMENTS. PREVIOUSLY DESIGNATED DIRECTORS INCLUDED THE CHIEF OPERATING OFFICER OF THE GENERAL MEMBER AND ONE INDIVIDUAL DESIGNATED BY THE PRESIDENT AND CEO OF THE GENERAL MEMBER. CURRENTLY DESIGNATED DIRECTORS INCLUDE THE CHIEF OPERATING OFFICER OF THE GENERAL MEMBER AND 2 INDIVIDUALS DESIGNATED BY THE PRESIDENT AND CEO OF THE GENERAL MEMBER. FORM 990, PART VI, LINES 6 & 7A CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS. THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12	<p>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 BOARD'S FINAL DISCUSSION AND VOTE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, 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 CALIFORNIA'S 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	<p>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 FORM 990, PART VII, SECTION A COMPENSATION OF BOARD MEMBERS 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 - PETER HULL, MD - SARAH KREVANS 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE K-1 ACTIVITY (1,664,371) PARTNERSHIP LOSS ON BOOKS 602,339 EQUITY TRANSFERS (NET) (228,662,156) ----- TOTAL (229,724,188)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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 VALLEY HOSPITALS

Employer identification number
94-1156621

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

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	NA	TRUST				Yes	
(2) NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPA	CJ	NA	C CORP				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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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

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.

[illegible]

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: 94-1156621
Name: SUTTER VALLEY HOSPITALS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	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 1100 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 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[illegible]

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)	SUTTER BAY HOSPITALS	P	336,522	FMV
(1)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	P	2,704,825	FMV
(2)	SUTTER DAVIS HOSPITAL FOUNDATION	P	62,735	FMV
(3)	SUTTER VALLEY MEDICAL FOUNDATION	P	2,483,626	FMV
(4)	SUTTER SOLANO CHARITABLE FOUNDATION	Q	80,090	FMV
(5)	SUTTER MEDICAL CENTER FOUNDATION	P	2,951,846	FMV
(6)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	P	1,286,403	FMV
(7)	MEMORIAL HOSPITAL FOUNDATION	P	606,453	FMV
(8)	MEMORIAL MEDICAL OFFICE BUILDING PARTNERSHIP	Q	50,227	FMV
(9)	SUTTER VALLEY MEDICAL FOUNDATION	R	3,221,043	FMV
(10)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	M	490,806	FMV
(11)	SUTTER DAVIS HOSPITAL FOUNDATION	M	426,757	FMV
(12)	SUTTER SOLANO CHARITABLE FOUNDATION	M	107,726	FMV
(13)	SUTTER MEDICAL CENTER FOUNDATION	M	1,505,579	FMV
(14)	TRACY HOSPITAL FOUNDATION	M	86,230	FMV
(15)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	M	1,103,687	FMV
(16)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	1,518,235	FMV
(17)	SUTTER MEDICAL CENTER FOUNDATION	C	3,836,849	FMV
(18)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	C	423,376	FMV
(19)	SUTTER DAVIS HOSPITAL FOUNDATION	C	263,447	FMV
(20)	SUTTER VALLEY MEDICAL FOUNDATION	C	777,891	FMV
(21)	SUTTER SOLANO CHARITABLE FOUNDATION	C	198,225	FMV
(22)	MEMORIAL HOSPITAL FOUNDATION	C	137,823	FMV
(23)	SUTTER VALLEY MEDICAL FOUNDATION	J	9,744,976	FMV
(24)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	J	183,064	FMV

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
(26) ROSEVILLE ENDOSCOPY CENTER LLC	J	237,957	FMV
(1) SUTTER INSURANCE SERVICES CORPORATION	P	22,517,561	FMV
(2) SUTTER VALLEY MEDICAL FOUNDATION	K	361,374	FMV
(3) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	B	357,868	FMV
(4) SUTTER HEALTH PLAN	S	111,589,433	FMV