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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

C Name of organization
SUTTER BAY HOSPITALS
% JONATHAN ZACHRESON
Doing business as

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

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

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 4,498,370,304

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SUTTERHEALTH.ORG

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

L Year of formation: 1854

M State of legal domicile: CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	17,553
6	Total number of volunteers (estimate if necessary)	**6**	2,466
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,026,255
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	57,859,329	56,863,890
9	Program service revenue (Part VIII, line 2g)	4,031,425,860	4,399,869,548
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,171,397	23,969,492
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,390,919	10,913,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,118,847,505	4,491,616,774
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,809,279	15,001,716
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,956,858,515	2,169,142,414
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,188,948		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,121,140,286	2,459,063,981
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,084,808,080	4,643,208,111
19	Revenue less expenses. Subtract line 18 from line 12	34,039,425	-151,591,337

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,925,387,137	6,153,093,353
21	Total liabilities (Part X, line 26)	3,722,211,267	3,698,812,781
22	Net assets or fund balances. Subtract line 21 from line 20	2,203,175,870	2,454,280,572

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-11-10

JOHN GATES CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01286320

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

Firm's address ▶ 560 MISSION ST STE 1600
SAN FRANCISCO, CA 94105 — Phone no. (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 4,160,095,394 including grants of $ 15,001,716) (Revenue $ 4,399,869,548)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 4,160,095,394

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,869		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 17,553			
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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **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**	19		
	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**	17		
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	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:
▶JONATHAN ZACHRESON 9100 FOOTHILLS BOULEVARD ROSEVILLE, CA 95747 (916) 286-6665

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,587,523	23,196,114	4,573,998

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6,909

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PACIFIC INPATIENT MEDICAL, PO BOX 721 BRENTWOOD, CA 945130721	PHYSICIAN SERVICES	12,690,024
CAREFUSION SOLUTIONS LLC, 3750 TORREY VIEW CT SAN DIEGO, CA 921302622	MED EQUIP MNTNCE SVC	12,591,723
DONOR NETWORK WEST, 12667 ALCOSTA BLVD STE 500 SAN RAMON, CA 945834427	ORGAN DONATION SVCS	12,401,205
CROTHALL LAUNDRY SERVICES INC, 1500 LIBERTY RIDGE DR STE 210 WAYNE, PA 190875583	LAUNDRY SERVICES	11,611,290
UNIVERSAL PROTECTION SVC LP, 161 WASHINGTON ST STE 600 CONSHOHOCKEN, PA 194282083	SECURITY SERVICES	11,252,128

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 ▶ 461

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 3,140				
	b Membership dues	1b				
	c Fundraising events	1c 561,893				
	d Related organizations	1d 19,672,342				
	e Government grants (contributions)	1e 14,840				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 36,611,675				
	g Noncash contributions included in lines 1a - 1f: $	1g 125,677				
	h **Total.** Add lines 1a-1f . . . . . ▶		56,863,890			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621110	4,358,642,665	4,358,642,665		
	b HEALTHCARE RELATED JV INCOME	900099	25,432,935	25,432,935		
	c RENTAL TO AFFILIATES	900099	15,793,948	15,793,948		
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶	4,399,869,548				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		21,505,304			21,505,304
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a 6,841,010				
	b Less: rental expenses	6b 4,643,665				
	c Rental income or (loss)	6c 2,197,345	0			
	d Net rental income or (loss) . . . . . ▶		2,197,345			2,197,345
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 1,350,646	2,971,509			
	b Less: cost or other basis and sales expenses	7b	1,857,967			
	c Gain or (loss)	7c 1,350,646	1,113,542			
	d Net gain or (loss) . . . . . ▶		2,464,188			2,464,188
	8a Gross income from fundraising events (not including $ 561,893 of contributions reported on line 1c). See Part IV, line 18	8a 245,747				
	b Less: direct expenses . . .	8b 247,238				
	c Net income or (loss) from fundraising events . . ▶		-1,491			-1,491
	9a Gross income from gaming activities. See Part IV, line 19 . . .	9a 36,241				
	b Less: direct expenses . . .	9b 4,660				
	c Net income or (loss) from gaming activities . . ▶		31,581			31,581
	10a Gross sales of inventory, less returns and allowances . .	10a 0				
	b Less: cost of goods sold . .	10b 0				
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	900099	5,660,154			5,660,154
	b PARKING	812930	2,513,338		2,513,338	
	c LABORATORY	621500	337,175		337,175	
	d All other revenue		175,742		175,742	
	e **Total.** Add lines 11a–11d . . . . . ▶		8,686,409			
	12 **Total revenue.** See instructions . . . . . ▶		4,491,616,774	4,399,869,548	3,026,255	31,857,081

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	14,841,425	14,841,425		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,291	160,291		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	105,226	105,226		
7 Other salaries and wages	1,421,084,810	1,352,616,930	67,431,354	1,036,526
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	140,107,957	133,357,554	6,731,056	19,347
9 Other employee benefits	496,054,935	472,155,003	23,330,969	568,963
10 Payroll taxes	111,789,486	106,403,467	5,365,778	20,241
11 Fees for services (non-employees):				
a Management	27,955,542	11,526,483	16,366,412	62,647
b Legal	3,351,906	3,351,906		
c Accounting	226,026		192,996	33,030
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,321,378		1,321,378	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	285,574,747	254,946,477	30,628,270	
12 Advertising and promotion	311,345		310,868	477
13 Office expenses	44,068,879	8,293,610	35,732,346	42,923
14 Information technology	205,986,242	126,154,756	79,831,486	
15 Royalties	0			
16 Occupancy	77,567,192	76,126,648	1,185,800	254,744
17 Travel	2,504,145	1,604,309	895,218	4,618
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,525,152	1,212,190	312,962	
20 Interest	99,811,248	99,811,248		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	368,333,159	338,196,098	30,132,347	4,714
23 Insurance	24,908,390	15,563,464	9,280,802	64,124
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	494,792,496	494,791,161		1,335
b SYSTEM ALLOCATION FEE	293,672,004	167,572,540	125,224,829	874,635
c PURCHASED SERVICES	208,912,123	176,359,705	32,408,196	144,222
d TAXES - UBI RELATED	380,000	2,545	377,455	
e All other expenses	317,862,007	304,942,358	12,863,247	56,402
25 **Total functional expenses.** Add lines 1 through 24e	4,643,208,111	4,160,095,394	479,923,769	3,188,948
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		6,053,048	2	-6,756,047
	3	Pledges and grants receivable, net		202,555	3	3,605,734
	4	Accounts receivable, net		515,344,026	4	518,179,928
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		60,721,460	8	62,479,515
	9	Prepaid expenses and deferred charges		15,849,164	9	15,217,655
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,536,273,315			
	b	Less: accumulated depreciation	10b 2,856,766,588	4,687,844,397	10c	4,679,506,727
	11	Investments—publicly traded securities		106,993,333	11	200,707,669
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		29,546,604	13	28,163,253
	14	Intangible assets		4,565,324	14	4,565,324
	15	Other assets. See Part IV, line 11		498,267,226	15	647,423,595
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,925,387,137	16	6,153,093,353
Liabilities	17	Accounts payable and accrued expenses		845,862,335	17	920,472,172
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		2,829,957,224	20	2,673,661,229
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		46,391,708	25	104,679,380
	26	**Total liabilities.** Add lines 17 through 25		3,722,211,267	26	3,698,812,781
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,184,635,565	27	2,386,266,725
	28	Net assets with donor restrictions		18,540,305	28	68,013,847
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,203,175,870	32	2,454,280,572
	33	Total liabilities and net assets/fund balances		5,925,387,137	33	6,153,093,353

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,491,616,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,643,208,111
3	Revenue less expenses. Subtract line 2 from line 1	3	-151,591,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,203,175,870
5	Net unrealized gains (losses) on investments	5	15,988,134
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	386,707,905
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,454,280,572

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2019)

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			
SARAH KREVANS Director/PRES & CEO SH	2.0 40.0	X						0	4,216,090	1,254,067
JAMES CONFORTI SH SVP / COO, ASST SEC SBH	4.0 40.0	X		X				0	1,886,186	660,216
JEFF GERARD SH SVP / STRATEGIC SRVCS & CSO	0.0 40.0						X	0	1,542,233	162,899
WARREN BROWNER MD CEO, CPMC	0.0 40.0				X			0	1,383,415	258,993
JULIE A PETRINI CEO, BAY AREA HOSPITALS	2.0 40.0			X				0	1,256,626	118,826
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	0.0 40.0						X	0	1,242,791	129,523
JOHN GATES CFO, SH BAY AREA	2.0 40.0			X				0	1,106,340	134,371
THERESA C GLUBKA CEO, SSCD	0.0 40.0						X	0	857,187	179,307
JANET A WAGNER CEO, MPMC	0.0 40.0				X			0	815,979	188,135
BRIAN ALEXANDER CEO, SRMC	0.0 40.0						X	0	770,484	174,845

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			
CYNTHIA LEE SH VP, STRGY & BUS DEV	0.0 40.0						X	0	779,890	108,428
GERALD KOZAI CEO, ABSMC	0.0 40.0				X			0	630,898	249,143
PENNY WESTFALL VP & CLO-SBH/SVH, SEC (PT YR)	2.0 40.0			X				0	781,342	96,039
MICHAEL PURVIS CEO, SSRRH & NCH	0.0 40.0				X			0	726,022	81,457
MAYNARD JENKINS III SH VP, HR SUPPORT FUNCTIONS	0.0 40.0						X	0	707,330	97,995
ANNE BARR VP, INFO & OPS INTEGRATION, SH	0.0 40.0				X			0	734,272	54,377
RAJIT HUNDAL CME, MPMC	0.0 40.0						X	0	708,705	75,096
STEPHEN GRAY CEO, EMC(PT YR)/CAO, SMSC&BAY	0.0 40.0						X	0	607,311	163,949
HENRY YU CFO HOSPT - WEST BAY	0.0 40.0						X	0	666,840	76,645
VERNON GIANG CME, CPMC	0.0 40.0						X	0	659,767	66,433

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			
KAREN HALL CLO, BAY, SECRETARY (PT YR)	2.0 40.0			X				0	611,274	65,129
STEVEN R CUMMINGS EXEC DIR, SF COORDINATING CTR	40.0 0.0					X		636,652	0	39,625
EDWARD BATTISTA VP, HR, NORTH BAY & EAST BAY	0.0 40.0				X			0	505,132	49,000
RICHARD M DEITS STAFF PHYSICIAN, COMM CLINIC	40.0 0.0					X		481,944	0	44,750
SAMAREH H RAD COORD, TRANSFER CENTER RN	40.0 0.0					X		468,927	0	44,750
DERRICK J BARNES STAFF PHYSICIAN, COMM CLINIC	40.0 0.0					X		460,454	0	44,750
TRACEY GAJDACS CLINICAL NURSE II	40.0 0.0					X		444,660	0	28,705
CHARLES PROSPER FORMER CEO, ABSMC	0.0 0.0						X	0	204,362	0
DORI STEVENS FRMR CEO, SUTTER DELTA MED CTR	0.0 0.0						X	0	132,510	0
RICHARD LEVY PHD CHAIR FINANCE & PLANNING	4.0 4.0	X		X				5,691	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY WAGNER CHAIR/SH BOARD	4.0 15.0	X		X				0	4,583	0
CHRISTOPHER BECNEL DIRECTOR	2.0 2.0	X						0	0	0
DIANA BELL DIRECTOR	2.0 2.0	X						0	0	0
DAVID BLACK MD DIRECTOR	2.0 2.0	X						0	0	0
RICHARD CARY HILL MD DIRECTOR	2.0 2.0	X						0	0	0
THEODORE DEIKEL DIRECTOR	2.0 2.0	X						0	0	0
EMIL ROY EISENHARDT DIRECTOR	2.0 2.0	X						0	0	0
ERIC FLOWERS DIRECTOR	2.0 2.0	X						0	0	0
KATHERINE HSIAO MD DIRECTOR	2.0 2.0	X						0	0	0
JILL KACHER COBB MD DIRECTOR	2.0 2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS O'CONNELL DIRECTOR	2.0 3.0	X						0	0	0
STEVEN OLIVER DIRECTOR	2.0 2.0	X						0	0	0
UMESH PADVAL DIRECTOR	2.0 2.0	X						0	0	0
JOHN RYAN DIRECTOR	2.0 2.0	X						0	0	0
RON SINHA MD DIRECTOR	2.0 2.0	X						0	0	0
MARGARET TAYLOR DIRECTOR	2.0 3.0	X						0	0	0
JANE VARNER MD DIRECTOR	2.0 2.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 94-0562680

Name: SUTTER BAY HOSPITALS

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	139,131,376	97,476,962	92,793,529	83,834,470	76,169,704
b Contributions	14,428,493	36,236,977	5,507,832	5,657,867	3,852,741
c Net investment earnings, gains, and losses	29,485,743	5,925,287	15,840,643	6,530,863	-4,742,895
d Grants or scholarships	0	0	3,105,457	0	0
e Other expenditures for facilities and programs	3,203,383	507,850	13,559,585	3,229,671	732,385
f Administrative expenses	0	0		0	0
g End of year balance	179,842,229	139,131,376	97,476,962	92,793,529	74,547,165

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

a Board designated or quasi-endowment ▶ 35.800 %

b Permanent endowment ▶ 48.900 %

c Temporarily restricted endowment ▶ 15.300 %

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

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

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		265,199,917		265,199,917
b Buildings		5,596,363,481	1,927,713,186	3,668,650,295
c Leasehold improvements		77,315,908	30,640,022	46,675,886
d Equipment		1,301,834,678	832,874,243	468,960,435
e Other		295,559,331	65,539,137	230,020,194
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,679,506,727

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

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

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

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

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

(a) Description	(b) Book value
(1)OTHER RECEIVABLES	372,644,080
(2)INTERCOMPANY RECEIVABLES	176,540,942
(3)OTHER ASSETS	98,238,573
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	647,423,595

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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	104,679,380

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS AE BENNETT COMMUNITY ENDOWMENT - EARNINGS TO BE USED FOR M ENTAL HEALTH, PSYCHOLOGY AND NEUROLOGY PROGRAMS IN THE EAST BAY, AE BENNETT COMMITTEE. BEG EN FAMILY ENDOWMENT - INCOME IS TO BE USED FOR THE GENERAL NEEDS OF ALTA BATES SUMMIT MEDI CAL CENTER. B. LOPEZ ENDOWMENT - INCOME IS FOR THE GENERAL SUPPORT OF THE NEWBORN INTENSIV E CARE UNIT. BENIOFF MEMORIAL ENDOWMENT FUND - PROVIDE A LECTURESHIP IN PERPETUITY THROUGH AN ENDOWMENT. CADENASSO FAMILY ENDOWMENT - INCOME FROM ENDOWMENT IS FOR UNRESTRICTED PURP OSES OF ALTA BATES SUMMIT MEDICAL CENTER. CLOROX CAPITAL ENDOWMENT FUND - INCOME IS TO BE USED FOR CAPITAL EQUIPMENT. DENICOLAI RESEARCH ENDWOMENT - INCOME IS FOR THE GENERAL USE O F REDI (RESEARCH & EDUCATION INSTITUTE). ELAINE MAKAROUNIS ENDOWMENT - TO BE USED FOR CANC ER CARE PROGRAMS AND SERVICES. EVELYN STRODE & RALPH A VAN ORSDEL MEMORIAL ENDOWMENT - TO BENEFIT THE ABSMC EMERGENCY DEPARTMENT. GARRETT QUASI ENDOWMENT - FOR THE GENERAL SUPPORT OF ORTHOPEDICS PROGRAMS. GOGGIO QUASI-ENDOWMENT - TO ENDOW A CARDIOLOGY CONFERENCE ANNUALL Y. IN THE FUTURE IT WILL BE POSSIBLE TO SPEND FUNDS IN OTHER MANNERS IF THE DONOR, FOUNDAT ION CEO OR THE BOARD OF TRUSTEES APPROVE CHANGE. HAAS FAMILY QUASI-ENDOWMENT - UNRESTRICTE D. HELEN E MAC NAB QUASI-ENDOWMENT - UNRESTRICTED. HENRY & ELSIE CLAY ENDOWMENT - TO SUPPO RT ALTA BATES HOSPITAL IN THE DIAGNOSIS, PREVENTION, AND TREATMENT OF DISEASE. J & C CONDO N ENDOWMENT - UNRESTRICTED. JANE PAXSON QUASI ENDOWMENT - TO BE USED FOR MEDICAL RESEARCH ACTIVITIES AT ALTA BATES SUMMIT MEDICAL CENTER TO HELP ATTAIN AND SUSTAIN EXCELLENCE IN ME DICAL RESEARCH. JAY ADAMS ENDOWMENT - INCOME IS FOR PALLIATIVE CARE PROGRAMS TO HELP ALLEV IATE THE PAIN AND SUFFERING OF PATIENTS. JORDAN FUND - UNRESTRICTED. LEGACY FUND - UNRESTR ICTED. LIBBEY ENDOWMENT - EARNINGS TO BE USED TO SUPPORT THE PRIORITY NEEDS OF SUTTER DELT A MEMORIAL HOSPITAL. MAKAROUNIS PERM ENDOWMENT - TO PROVIDE CANCER CARE PROGRAMS AND SERVI CES. MARION ROSS ENDOWMENT - EARNINGS TO BE USED TO FUND THE CARDIOLOGY PROGRAM AT ALTA BA TES. MARKSTEIN ENDOWMENT FUND - INCOME IS FOR MARKSTEIN CANCER EDUCATION AND PREVENTION PR OGRAM TO BE USED FOR PROGRAMS, SERVICES, AND EQUIPMENT. MEMORIAL FUND - UNRESTRICTED. NONA JORDAN ENDOWMENT - UNRESTRICTED. OCKELS FAMILY ENDOWMENT - UNRESTRICTED. PROVIDENCE QUASI ENDOWMENT - INCOME TO BE USED FOR PASTORAL CARE, ELDER CARE (I.E. ADULT DAY, LIFELINE), A ND ETHICS EDUCATION. SEIM FAMILY ENDOWMENT - UNRESTRICTED. SOUTH UNIT ENDOWMENT FUND - FOR THE GENERAL NEEDS OF THE 5 SOUTH UNIT (EXCLUDING SALARIES). SWEETLAND EDUCATIONAL ENDOWME NT FUND - DRUG EDUCATION FOR CHILDREN AND ADOLESCENT PATIENTS. TURNLEY FAMILY ENDOWMENT GE NERAL NEEDS OF THE ALTA BATES SUMMIT MEDICAL CENTER. WALKER MEMORIAL QUASI ENDOWMENT FUND - UNRESTRICTED. WALL HELP - FOR SUPPORT OF CHILDREN'S HOSPICE NEEDS IN BERKELEY. THE FOLLO WING ENDOWMENTS ARE HELD AT MILLS-PENINSULA HOSPITAL FOUNDATION AND CALIFORNIA PACIFIC MED ICAL CENTER FOUNDATION FOR THE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	BENEFIT OF SUTTER BAY HOSPITALS: ELLIS PERMANENT ENDOWMENT INCOME TO BE USED TO PROVIDE S CHOLARSHIPS AND GRANTS TO NEEDY GIRLS SEEKING CAREERS IN MEDICAL AND ALLIED FIELDS. REID P ERMANENT ENDOWMENT EARNINGS TO SUPPORT FREE BEDS, CLINICS, AND MEDICAL SERVICES TO THE POO R AND NEEDY. MALMQUIST PERMANENT ENDOWMENT - INCOME TO SUPPORT THE HOSPITAL'S HEATH CARE S ERVICES RELATED TO ARTHRITIS, UNTIL AND UNLESS SUCH A USE WOULD NOT BE POSSIBLE AT THE HOS PITALS, IN WHICH CASE, THE FOUNDATION'S BOARD OF TRUSTEES MAY CHOOSE ANOTHER USE FOR THE I NCOME AND MAY, IF NECESSARY AND IN THE BEST INTERESTS OF THE HOSPITALS EXPEND THE PRINCIPA L. BARSHAD PERMANENT ENDOWMENT - INCOME TO BE USED TO BENEFIT THE SENIOR FOCUS PROGRAM. CO AKLEY PERMANENT ENDOWMENT - INCOME SHALL BE USED TO SUPPORT ANY PURPOSE EXCEPT CONSTRUCTIO N OR GENERAL EXPENSES OF MILLS PENINSULA MEDICAL CENTER. RAFFO PERMANENT ENDOWMENT - TO SU PPORT CANCER AND CARDIAC CARE, BUT NOT FOR ANIMAL RESEARCH. RUPPART PERMANENT ENDOWMENT - INCOME USED TO SUPPORT PURPOSES DEEMED MOST APPROPRIATE BY THE BOARD OF TRUSTEES OF MILLS PENINSULA HOSPITAL FOUNDATION AND THE PRINCIPAL BE MAINTAINED IN ITS ENTIRELY. DESIRED, BU T NOT MANDATORY IS THAT THE INCOME BE USED TO FUND CARE AND MAINTAIN THE SPECIAL CARE UNIT AND SHORT STAY SURGICAL RECOVERY UNIT. ZIELINSKY PERMANENT ENDOWMENT - FUND INCOME, BUT N O PART OF THE PRINCIPAL OR APPRECIATION (REALIZED OR UNREALIZED), SHALL BE USED TO FURTHER THE GENERAL OBJECTS AND PURPOSES OF THE MILLS PENINSULA HOSPITAL FOUNDATION. MCKAY PERMAN ENT ENDOWMENT - INCOME ONLY (INTEREST), BUT NO PART OF THE FUND PRINCIPAL OR APPRECIATION (REALIZED OR UNREALIZED), SHALL BE USED TO FURTHER THE GENERAL OBJECTS AND PURPOSES OF MIL LS PENINSULA HOSPITAL FOUNDATION. DISTINGUISHED ENDOWED CHAIR IN CARDIOLOGY QUASI-ENDOWMEN T - SUPPORT THE WORK OF CPMC'S ATRIAL FIBRILLATION & ARRHYTHMIA PROGRAM'S SR. MEDICAL DIRE CTOR. PROGRAM IN MEDICINE & HUMANS QUASI-ENDOWMENT EARNINGS SUPPORT PROGRAM IN MEDICINE & HUMAN VALUES. ROSENBERG/NICHOLS OVARIAN/REPRODUCTIVE CANCER QUASI-ENDOWMENT - ANNUAL RELEA SE OF 5% WILL GO TO SUPPORT OVARIAN/REPRODUCTIVE CANCER RECOVERY PROGRAM GENERAL EXPENSES. MCCLELLAND FUND - DIV OF CARDIOLOGY QUASI-ENDOWMENT - FOR THE GENERAL USE BY THE DIVISION OF CARDIOLOGY. PAYDEN CENTER FOR MELANOMA RESEARCH & TREATMENT QUASI-ENDOWMENT - SUPPORT THE MELANOMA CENTER IN ITS EFFORTS WITH RESEARCH, EDUCATION, PATIENT CARE, SALARY SUPPORT & EQUIPMENT PURCHASE. CHAIR IN MELANOMA RESEARCH AND TREATMENT QUASI-ENDOWMENT - SUPPORT T HE MELANOMA CENTER IN EFFORTS WITH RESEARCH & EDUCATION, PATIENT CARE, SALARY SUPPORT & EQ UIPMENT PURCHASE. RAY DOLBY CHAIR IN BRAIN HEALTH RESEARCH QUASI-ENDOWMENT - SUPPORT A CHA IR AT THE CPMC RAY DOLBY BRAIN HEALTH CENTER. CHAIR IN BREAST HEALTH SERVICES QUASI-ENDOWM ENT - SUPPORT A CHAIR IN BREAST HEALTH SERVICES. MISSION BERNAL (FORMERLY ST. LUKE'S) ENDO WMENT - TO SUPPORT MISSION BERNAL'S GENERAL OPERATIONS. H. SMITH ENDOWED CHAIR ENDOWMENT - ENDOWED CHAIR AT CPMCRI. WILL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	IAM GREENBACH ENDOWMENT - CANCER RESEARCH AT CPMCRI. CANCER RESEARCH CPMCRI G. BRUSH ENDOW MENT - CANCER RESEARCH AT CPMCRI. M. WILCOX ENDOWMENT - FOR EQUIPMENT; REFURBISHING OF ROO MS/ACCOMMODATIONS & FOR EDUCATION OF STAFF & PATIENTS RELATED TO CANCER RESEARCH. BASSO-KL EISER/GUEST FUND IN CARDIOLOGY ENDOWMENT - SUPPORT A CHAIR IN CARDIOLOGY. F. GERBODE HEART RESEARCH ENDOWMENT - HEART RESEARCH. HEART RESEARCH EDUCATIONAL ENDOWMENT - HEART RESEARC H, EDUCATION AND/OR PROGRAM DEVELOPMENT. IN MEMORY OF RUTH MARY PRITCHARD JENKINS ENDOWMEN T - SUPPORT THE CARE FOR CLERGY & THEIR FAMILIES IN THE HOSPITAL. BIOETHICS ENDOWMENT - PR OGRAM IN MEDICINE & HUMAN VALUES. CPMC PMHV SENIOR SCHOLAR ENDOWMENT - SUPPORT RESEARCH, E DUCATION AND SCHOLARSHIP INITIATIVES IN CLINICAL ETHICS. M. HAIM ENDOWMENT - SUPPORT THE M ICHAEL HAIM, M.D. MEMORIAL LECTURE IN DERMATOLOGY, SUBJECT CHOSEN BY THE CHIEF OF DEPARTME NT. J. GAMBLE TEACHING ENDOWMENT - DEPARTMENT OF MEDICINE TEACHING FUND. NOBLE ENDOWED CHA IR - SUSTAIN & ENHANCE EDUCATION OF RESIDENTS, WHILE CONTRIBUTING TO THE EXCELLENCE OF PAT IENT CARE THROUGH AN ENDOWED CHAIR. CPMCF BROTHERTON PERINATAL MENTAL HEALTH ENDOWMENT - T O FUND PERINATAL MENTAL HEALTH CARE AT CPMC'S MISSION BERNAL CAMPUS. CPMCRI C&A FINLEY END OWED CHAIR NEURO RESEARCH - ENDOWED CHAIR AT CPMCRI. WATKINS BURBANK LOAN & SCHOLARSHIP EN DOWMENT - TO SUPPORT THE NURSING EDUCATION ACTIVITIES AT ST. LUKE'S. JOHN N CALLANDER ORTH OPEDIC ENDOWMENT - PRIORITY NEEDS OF THE CPMC'S ORTHOPEDIC DEPARTMENT. C. HUGHEY TRUST END OWMENT - SUPPORT PATIENT CARE FOR CRIPPLED CHILDREN'S PROGRAM. CPMC A. MORRISON CHILD DEVE LOPMENT ENDOWMENT - GENERAL USE FOR THE CHILD DEVELOPMENT DEPARTMENT. CPMCF TAKAHASHI SENI OR SERVICE ENDOWMENT - TOMOYE TAKAHASHI EDNOWMENT FUND TO BENEFIT SENIOR SERVICES. MARGARE T H. PAGE ENDOWMENT - PROGRAM AND CAPITAL SUPPORT. SF POLYCLINIC ENDOWMENT - PROVIDE CARE OF MEDICALLY INDIGENT PATIENTS AND SUBSIDIZE PROGRAMS OF INTEREST TO THE PRIMARY PHYSICIAN . IN MEMORY OF RUTH MARY PRITCHARD JENKINS ENDOWMENT - HELD AS AN ENDOWMENT IN MEMORY OF R UTH MARY PRITCHARD JENKINS, THE WIFE OF THE RT. REV. THOMAS JENKINS, INCOME FROM WHICH SHA LL BE USED TO CARE FOR CLERGY AND THEIR FAMILIES IN THE HOSPITAL. CPMC SHREM CARDIOLOGY FE LLOWSHIP ENDOWMENT - THE PURPOSE OF THE GIFT IS TO ESTABLISH A PERMANENT ENDOWMENT FUND TO SUPPORT THE CPMC JAN SHREM AND MARIA MANETTI SHREM CPMC CARDIOLOGY FELLOWSHIP PROGRAM AT CPMC. CPMC PHYLLIS WATTIS ESTATE HOME HOSPICE ENDOWMENT - FOR THE GENERAL PURPOSES OF THE HOME HOSPICE CARE PROGRAM M. NOTKIN BREAST CANCER RECOVERY ENDOWMENT EARNINGS PROVIDE SERV ICES OF NURSE EDUCATION, PSYCHOLOGIST & PATIENT NAVIGATOR TO WOMEN UNDERGOING TREATMENT FO R BREAST CANCER. MPHF CARE NAVIGATION ENDOWMENT - ENDOWMENT EARNINGS TO SUPPORT NAVIGATION FOR HIGH-RISK PATIENTS DIAGNOSED WITH CHRONIC ILLNESS AND THEIR FAMILIES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	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 2016 THROUGH 2018 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, 2019 AND 2018, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CATWALK (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	418,700	240,487	148,453	807,640
	2 Less: Contributions	259,600	179,987	122,306	561,893
	3 Gross income (line 1 minus line 2)	159,100	60,500	26,147	245,747
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	109,066	20,220	13,405	142,691
	7 Food and beverages	1,395	20,484	16,505	38,384
	8 Entertainment	1,400	1,000	600	3,000
	9 Other direct expenses	7,942	22,164	33,057	63,163
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				247,238
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,491

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			36,241	36,241
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			4,660	4,660
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 75.000 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				4,660
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				31,581

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100.000 %

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

Name ▶ SEE SCH G PART IV

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ SEE SCH G PART IV

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 31,581

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

Return Reference	Explanation
SCHEDULE G, PART III, LINE 14	NAME: EVA VATHIS ADDRESS: 30 MARK WEST SPRINGS RD SANTA ROSA, CA 95403
SCHEDULE G, PART III, LINE 16	NAME: EVA VATHIS SERVICES PROVIDED: COORDINATES SUTTER GOLF INVITATIONAL, CATWALK FOR A CURE, AND OTHER EVENTS. GAMING COMPENSATION: $0 POSITION: EMPLOYEE OF SUTTER BAY HOSPITALS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317093280

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			62,016,228		62,016,228	1.340 %
b Medicaid (from Worksheet 3, column a)			1,079,543,777	773,713,692	305,830,085	6.590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			35,652,262	22,784,696	12,867,566	0.280 %
d **Total** Financial Assistance and Means-Tested Government Programs			1,177,212,267	796,498,388	380,713,879	8.210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	111	69,297	10,006,572	422,017	9,584,555	0.210 %
f Health professions education (from Worksheet 5)	26	330	38,103,725	7,018,001	31,085,724	0.670 %
g Subsidized health services (from Worksheet 6)	38	2,534	109,875,457	78,219,345	31,656,112	0.680 %
h Research (from Worksheet 7)	3	116	29,930,076	22,816,593	7,113,483	0.150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	129	93,421	17,085,397	157,221	16,928,176	0.360 %
j **Total.** Other Benefits	307	165,698	205,001,227	108,633,177	96,368,050	2.070 %
k **Total.** Add lines 7d and 7j	307	165,698	1,382,213,494	905,131,565	477,081,929	10.280 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3	624	15,183		15,183	
4 Environmental improvements	1		141		141	
5 Leadership development and training for community members	1		1,875		1,875	
6 Coalition building						
7 Community health improvement advocacy	2		12,056		12,056	
8 Workforce development	8	183	202,583	17,000	185,583	
9 Other						
10 Total	15	807	231,838	17,000	214,838	

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	892,962,227
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,147,384,876
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-254,422,649
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SF ENDOSCOPY LLC	MEDICAL SERVICES	51 %		47.2 %
2	SL SURGERY CENTER	MEDICAL SERVICES	45.03 %	0 %	46.5 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
18

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

B

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

B

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

C

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

C

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b ☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

C

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

C

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

EDEN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b ☑ Other website (list url): SEE PART V, SECTION C			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url): SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

SUTTER SANTA ROSA REGIONAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

NOVATO COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V, SECTION C			
b	☑ Other website (list url): SEE PART V, SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400. % and FPG family income limit for eligibility for discounted care of 0. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

SUTTER LAKESIDE HOSPITAL

Name of hospital facility or letter of facility reporting group

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **40**

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	CALIFORNIA PACIFIC MEDICAL CENTER: THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS $12,826,010.

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES: CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COM MUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES). THESE PROGRAMS HELP SUPPO RT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH. BUILDING THE SAN FRANCISCO WORKFORCE, ESPECIALLY CREATING OPPORTUNITIES FOR YOUTH, IS A MAJOR FOCUS FO R CPMC. IN 2019, CPMC PROVIDED WORK-READINESS TRAINING AND CAREER EXPLORATION EXPERIENCES TO INDIVIDUALS THROUGH ITS COMMUNITY WORKFORCE PROGRAMS. THESE PARTNERSHIPS HELP EDUCATE A ND INSPIRE UNDERSERVED YOUTH TO PURSUE HEALTH CAREERS. THEY INCLUDE: GALILEO HEALTH ACADEM Y OFFERS TWO 12-WEEK SPEAKER SERIES THAT TAKE PLACE IN THE SPRING AND FALL OF THE ACADEMIC YEAR FOR HIGH SCHOOL JUNIORS. TWICE A WEEK, CPMC EMPLOYEES PROVIDE LECTURES, DEMONSTRATIO NS, TOURS AND ACTIVITIES TO ENHANCE STUDENTS UNDERSTANDING OF THE COMPLEXITIES AND OPPORTU NITIES IN A MODERN, COMPREHENSIVE ACUTE CARE MEDICAL CENTER. CPMC ALSO PROVIDES SIX-WEEK S UMMER INTERNSHIPS FOR GALILEO STUDENTS TO GAIN EXPERIENCE WORKING IN A HOSPITAL ENVIRONMEN T. CPMC CONTRIBUTES TO IMMACULATE CONCEPTION ACADEMY WORK STUDY PROGRAM, WHICH PROVIDES A COLLEGE PREPARATORY EDUCATION WITH MEANINGFUL WORK STUDY EXPERIENCE TO STUDENTS COMING FRO M FAMILIES WITH LIMITED FINANCIAL MEANS. CPMC SUPPORTS FRIENDS OF THE CHILDREN SF BAY AREA WHICH IS A CHAPTER OF A NATIONWIDE ORGANIZATION DEDICATED TO BREAKING THE CYCLE OF GENERA TIONAL POVERTY THROUGH SALARIED, PROFESSIONAL MENTORING. CPMCS COMMUNITY BUILDING ACTIVITI ES ALSO INCLUDE SUPPORTING LEADERSHIP AND CIVIC DEVELOPMENT TRAINING AND COALITION BUILDIN G ACTIVITIES THROUGH SPONSORSHIPS AND MEMBERSHIPS. MILLS PENINSULA MEDICAL CENTER (REPORTI NG GROUP B, 4, 12, & 18) MILLS PENINSULA MEDICAL CENTER SUPPORTS THE ICA HIGH SCHOOL WORKF ORCE DEVELOPMENT PROGRAM. STUDENTS FROM ICA HIGH SCHOOL SPEND TIME ROTATING BETWEEN DIFFER ENT DEPARTMENTS AND LEARNING BASIC JOB SKILLS. SUTTER MATERNITY & SURGERY CENTER (REPORTIN G GROUP B, 15) SUTTER MATERNITY & SURGERY CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP AD DRESS THE ROOT CAUSE OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUN ITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES). THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH. THE ENVIRONMENT AL AWARENESS PROGRAM AT SUTTER MATERNITY & SURGERY CENTER FOCUSES ON REDUCTION OF COMMUNIT Y ENVIRONMENTAL HAZARDS ALONG WITH THE SHARING IN HEALTH CARE FACILITY ENVIRONMENTAL RESPO NSIBILITY, WHICH INCLUDES WASTE REDUCTION, GREEN PURCHASING AND OTHER ECOLOGY INITIATIVES. ALTA BATES SUMMIT MEDICAL CENTER (REPORTING GROUP C, 1-2, 10-11, & 16) ALTA BATES SUMMIT MEDICAL CENTER FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSE OF HEALTH PRO BLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMM UNITY-BUILDING ACTIVITIES). THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE E XPERTISE AND RESOURCES OF SUTTER HEALTH. YOUTH BRIDGE, A PROGRAM OF ALTA BATES SUMMIT MEDI CAL CENTER, IS A YEAR-ROUND CAREER DEVELOPMENT PROGRAM FOR STUDENTS FROM 6TH GRADE THROUGH COLLEGE THAT EMPOWER AT-RISK EAST BAY YOUTH TO COMPLETE HIGH SCHOOL, GAIN MEANINGFUL EMPL OYMENT EXPERIENCE, LEARN ABOUT HEALTH-RELATED CAREERS AND PURSUE FURTHER ACADEMIC AND VOCA TIONAL EDUCATION. YOUTH BRIDGE HAS SERVED MORE THAN 1,200 EAST BAY YOUTH SINCE ITS INCEPTI ON 27 YEARS AGO, WITH THE GOAL OF ENCOURAGING AND SUPPORTING THESE CHILDREN IN THEIR TRANS ITION FROM ADOLESCENCE TO ADULTHOOD. SUTTER DELTA MEDICAL CENTER (REPORTING GROUP C, 6) SU TTER DELTA MEDICAL CENTER DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT IN 2019 . EDEN MEDICAL CENTER (REPORTING FACILITY 7) EDEN MEDICAL CENTER FUNDS THE FOLLOWING PROGR AMS THAT HELP ADDRESS THE ROOT CAUSE OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEI NG IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES). THESE PROGRA MS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH. YOUTH BRIDGE IS A YEAR-ROUND CAREER DEVELOPMENT PROGRAM FOR STUDENTS FROM 6TH GRADE THROU GH COLLEGE THAT EMPOWER AT-RISK EAST BAY YOUTH TO COMPLETE HIGH SCHOOL, GAIN MEANINGFUL EM PLOYMENT EXPERIENCE, LEARN ABOUT HEALTH-RELATED CAREERS AND PURSUE FURTHER ACADEMIC AND VO CATIONAL EDUCATION. EDEN MEDICAL CENTER PROVIDES FUNDING TO COMMUNITY SUPPORT GROUPS. SUTT ER SANTA ROSA REGIONAL HOSPITAL (REPORTING FACILITY 9) SUTTER SANTA ROSA REGIONAL HOSPITAL SUPPORTED THE SONOMA COUNTY HEALTH ACTION WHICH IS A COALITION OF LEADERSHIP FROM THE HEA LTH, EDUCATION, SOCIAL SERVICE, BUSINESS, AND GOVERNMENT SECTORS. THE COALITION SEEKS TO A CHIEVE VERY SPECIFIC HEALTH AND QUALITY OF LIFE TARGETS FOR THE COMMUNITY BASED ON THE HEA LTH PEOPLE TARGETS. NOVATO COMMUNITY HOSPITAL (REP

Form and Line Reference	Explanation
SCHEDULE H, PART II	ORTING FACILITY 13) NOVATO COMMUNITY HOSPITAL SUPPORTS THE NOVATO FOUNDATION FOR PUBLIC ED UCATION. SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY 14) SUTTER LAKESIDE HOSPITAL SUPPORT S WORKFORCE DEVELOPMENT THROUGH VOLUNTEER PROGRAM ADMINSTRATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4 - BAD DEBT	AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT. THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE. EFFECTIVE JANUARY 1, 2018, SUTTER ENTITIES IMPLEMENTED THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS UPDATE (ASU), REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606). THE ACCOUNTING CHANGE MODIFIED BAD DEBT REPORTING, AND AS A RESULT, BAD DEBT IS ONLY REPORTED IN LIMITED SITUATIONS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17) THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. MILLS PENINSULA MEDICAL CENTER (REPORTING GROUP B, 4, 12): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. MENLO PARK SURGICAL HOSPITAL (REPORTING GROUP B, 18): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER MATERNITY & SURGERY CENTER (REPORTING GROUP B, 15): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. ALTA BATES SUMMIT MEDICAL CENTER (REPORTING GROUP C 1-2, 10-11, & 16): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER DELTA MEDICAL CENTER (REPORTING GROUP C, 6): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. EDEN MEDICAL CENTER (#7): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER SANTA ROSA REGIONAL HOSPITAL (#9): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. NOVATO COMMUNITY HOSPITAL (#13): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER LAKESIDE HOSPITAL (#14): THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: SUTTER HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE. LANGUAGES: THE POLICY SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA. IN ADDITION, ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY INFORMATION PROVIDED TO PATIENTS DURING THE PROVISION OF HOSPITAL SERVICES: A. DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND IDENTIFY THE DEPARTMENT THAT PATIENTS CAN VISIT TO RECEIVE INFORMATION ABOUT, AND ASSISTANCE WITH APPLYING FOR, FINANCIAL ASSISTANCE. B. FINANCIAL ASSISTANCE COUNSELORS: PATIENTS WHO MAY BE UNINSURED PATIENTS SHALL BE ASSIGNED FINANCIAL COUNSELORS, WHO SHALL VISIT WITH THE PATIENTS IN PERSON AT THE HOSPITAL, PROVIDE PATIENTS A FINANCIAL ASSISTANCE APPLICATION, ASSIST WITH THE APPLICATION PROCESS, AND PROVIDE 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION: CALIFORNIA PACIFIC MEDICAL FOUNDATION (REPORTING GROUP A, 3, 5, 8, & 17): THE HOSPITAL SERVICE AREA FOR CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULA TIONS RESIDING IN THE CITY AND COUNTY OF SAN FRANCISCO. THERE ARE 13 HOSPITALS IN SAN FRAN CISCO COUNTY. SAN FRANCISCO IS THE CULTURAL AND COMMERCIAL CENTER OF THE BAY AREA AND IS T HE ONLY CONSOLIDATED CITY AND COUNTY JURISDICTION IN CALIFORNIA. AT ROUGHLY 47 SQUARE MILE S, IT IS THE SMALLEST COUNTY IN THE STATE, BUT IS THE MOST DENSELY POPULATED LARGE CITY IN CALIFORNIA (WITH A POPULATION DENSITY OF 17,352 RESIDENTS PER SQUARE MILE) AND THE SECOND MOST DENSELY POPULATED MAJOR CITY IN THE U.S., AFTER NEW YORK CITY. BETWEEN 2011 AND 2018 , THE POPULATION IN SAN FRANCISCO GREW BY ALMOST 8 PERCENT TO 888,817, OUTPACING POPULATIO N GROWTH IN CALIFORNIA (6 PERCENT). BY 2030, SAN FRANCISCOS POPULATION IS EXPECTED TO TOTA L MORE THAN 980,000. THE PROPORTION OF SAN FRANCISCOS POPULATION THAT IS 65 YEARS AND OLDE R IS EXPECTED TO INCREASE FROM 17 PERCENT IN 2018 TO 21 PERCENT IN 2030; PERSONS 75 AND OL DER WILL MAKE UP ABOUT 11 PERCENT. AT THE SAME TIME, IT IS ESTIMATED THAT THE PROPORTION O F WORKING-AGE RESIDENTS (25 TO 64 YEARS OLD) WILL DECREASE FROM 61 PERCENT IN 2018 TO 56 P ERCENT IN 2030. THIS SHIFT COULD HAVE IMPLICATIONS FOR THE PROVISION OF SOCIAL SERVICES. P OPULATION GROWTH IS EXPECTED FOR ALL RACES AND ETHNICITIES EXCEPT FOR BLACK/AFRICAN AMERIC ANS, WHO ARE PROJECTED TO DROP FROM 5 PERCENT OF THE POPULATION IN 2018 TO 4 PERCENT IN 20 30. ASIANS AND WHITES WILL REMAIN THE MOST POPULOUS GROUPS AND WILL GROW AS A PERCENTAGE O F THE OVERALL POPULATION. POPULATION GROWTH IS EXPECTED TO BE LOWER FOR LATINOS AND PACIFI C ISLANDERS, AND LATINOS ARE EXPECTED TO DROP FROM 15.1 TO 14.9 PERCENT OF THE POPULATION. CURRENTLY, 35 PERCENT OF SAN FRANCISCOS POPULATION IS FOREIGN BORN, AND 20 PERCENT OF RES IDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL. " THE MAJORITY OF THE FOREIGN-BORN POPULATION COMES FROM ASIA (65 PERCENT), WHILE 18 PERCE NT WERE BORN IN LATIN AMERICA, MAKING CHINESE (MANDARIN, CANTONESE, AND OTHER) (43 PERCENT) AND SPANISH (26 PERCENT) THE MOST COMMON NON-ENGLISH LANGUAGES SPOKEN IN THE CITY. ALTHO UGH SAN FRANCISCO HAS A RELATIVELY SMALL PROPORTION OF HOUSEHOLDS WITH CHILDREN (19 PERCEN T) COMPARED TO THE STATE OVERALL (34 PERCENT), THE NUMBER OF SCHOOL-AGED CHILDREN IS PROJE CTED TO RISE. AS OF 2017, SAN FRANCISCO WAS HOME TO 67,740 FAMILIES WITH CHILDREN, 26 PERC ENT OF WHICH WERE HEADED BY SINGLE PARENTS. THERE WERE APPROXIMATELY 132,330 CHILDREN UNDE R THE AGE OF 18. THE NUMBER OF SCHOOL-AGED CHILDREN IS PROJECTED TO RISE BY 24 PERCENT BY 2030. THE NEIGHBORHOODS WITH THE GREATEST PROPORTION OF HOUSEHOLDS WITH CHILDREN ARE: SEAC LIFF, BAYVIEW HUNTERS POINT, VISITACION VALLEY, OUTER MISSION, EXCELSIOR, TREASURE ISLAND, AND PORTOLA (ALL OVER 30 PERCENT). ALMOST ONE IN FOUR SAN FRANCISCANS (22 PERCENT) LIVE B ELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. - FOR A FAMILY OF FOUR, 200 PERCENT OF THE FEDERAL POVERTY LEVEL IS $50,200 (2018). - A FAMILY OF FOUR IN SAN FRANCISCO REQUIRES AN I NCOME OF GREATER THAN $120,000 TO MEET ALL THEIR NEEDS. - 40 PERCENT OF NEW JOBS IN SAN FR ANCISCO ARE EXPECTED TO BE LOW-WAGE JOBS (LESS THAN $54,000/YEAR). - 18 PERCENT OF CHILDRE N UNDER 6 YEARS OF AGE IN SAN FRANCISCO LIVE IN POVERTY (LESS THAN 200 PERCENT OF THE FEDE RAL POVERTY LEVEL). AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE CALIFORNIA PACIFIC MEDICAL CENTER CHNA AT HTTPS://WWW.SUTTERHEALTH.OR G/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T MILLS PENINSULA MEDICAL CENTER (MPMC) AN D MENLO PARK SURGICAL CENTER (MPSC) (REPORTING GROUP B, 4, 12, & 18:): THE HOSPITAL SERVIC E AREA OF MPMC AND MPSC IS DEFINED AS SAN MATEO COUNTY (SMC). THERE ARE FIVE HOSPITALS IN SAN MATEO COUNTY. IN 2017, AN ESTIMATED 771,410 PEOPLE RESIDED IN SAN MATEO COUNTY, MAKING IT THE 14TH LARGEST IN CALIFORNIA BY POPULATION. THE COUNTY OCCUPIES 455 SQUARE MILES OF LAND ON THE PENINSULA SOUTH OF SAN FRANCISCO, WITH THE SAN FRANCISCO BAY TO THE EAST AND T HE PACIFIC OCEAN TO THE WEST. THE COUNTY ALSO INCLUDES NEARLY 58 MILES OF COASTLINE AND 29 2 SQUARE MILES OF WATER. REDWOOD CITY IS THE LARGEST CITY IN THE COUNTY BY AREA, AND DALY CITY IS THE LARGEST CITY IN THE COUNTY BY POPULATION (WITH OVER 107,000 RESIDENTS, OR 14 P ERCENT OF THE COUNTYS TOTAL). SAN MATEO COUNTY ALSO INCLUDES THE FOLLOWING UNINCORPORATED TOWNS AND AREAS, MANY OF WHICH ARE LOCATED IN THE COASTSIDE AREA: BROADMOOR, BURLINGAME HI LLS, DEVONSHIRE, EL GRANADA, EMERALD LAKE HILLS, FAIR OAKS, HIGHLANDS/BAYWOOD PARK, LADERA , LA HONDA, LOMA MAR, LOS TRANCOS WOODS/VISTA VERDE, MENLO OAKS, MONTARA, MOSS BEACH, NORT H FAIR OAKS, PALOMAR PARK, PESCADERO, PRINCETON, SAN FRANCISCO INTERNATIONAL AIRPORT, SAN GREGORIO, SOUTH COAST/SKYLINE, SEQUOIA TRACT, SKYLONDA, STANFORD LANDS, AND WEST MENLO PAR K. NEARLY 22 PERCENT OF THE POPULATION IN SAN MATE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	O COUNTY IS UNDER THE AGE OF 18, AND 15 PERCENT IS 65 YEARS OR OLDER. THE MEDIAN AGE IS 39 .5 YEARS OLD. SAN MATEO COUNTY IS ALSO HIGHLY DIVERSE. NOTABLY, RESIDENTS OF "SOME OTHER R ACE" (I.E., ONE NOTE SPECIFICALLY CALLED OUT IN DATA SETS) ARE THE THIRD LARGEST RACIAL GR OUP, ACCOUNTING FOR 11 PERCENT OF THE POPULATION. MORE THAN HALF (58 PERCENT) OF THE POPUL ATION IS WHITE, AND NEARLY ONE THIRD IS ASIAN (30 PERCENT). ONE QUARTER (25 PERCENT) OF RE SIDENTS HAVE LATINX HERITAGE. MORE THAN ONE THIRD (37 PERCENT) OF SAN MATEO COUNTY RESIDEN TS ARE FOREIGN-BORN. APPROXIMATELY 9 PERCENT OF THE COUNTYS POPULATION LIVES IN A LINGUIST ICALLY ISOLATED HOUSEHOLD, MARKED BY WIDE GEOGRAPHIC DIFFERENCES. FOR EXAMPLE, LESS THAN 1 PERCENT OF THE POPULATION IN PARTS OF WOODSIDE LIVES IN A LINGUISTICALLY ISOLATED HOUSEHO LD, COMPARED WITH MORE THAN 50 PERCENT IN PARTS OF DALY CITY, SOUTH SAN FRANCISCO, AND RED WOOD CITY/NORTH FAIR OAKS. TWO KEY SOCIAL DETERMINANTS, INCOME AND EDUCATION, HAVE A SIGNI FICANT IMPACT ON HEALTH OUTCOMES. SAN MATEO COUNTY HAS ONE OF THE HIGHEST ANNUAL MEDIAN IN COMES IN THE COUNTRY AND ONE OF THE HIGHEST COSTS OF LIVING. AS DISPLAYED IN THE FOLLOWING CHART, ABOUT HALF OF THE POPULATION LIVE IN HOUSEHOLDS WITH INCOMES OF $100,000 OR MORE, ABOUT ONE-FOURTH IN HOUSEHOLDS WITH INCOMES BETWEEN $50,000 AND $100,000, AND ANOTHER FOUR TH BELOW $50,000. BY COMPARISON, THE 2018 SELF-SUFFICIENCY STANDARD FOR A TWO-ADULT FAMILY WITH TWO SCHOOL-AGED CHILDREN IN SAN MATEO COUNTY WAS $111,191. AN IN-DEPTH VIEW OF THE D EMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE MILLS PENINSULA MEDICAL CENTERS CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ (SMSC) (REPORTING GROUP B, 15): SMSC RELIE D ON THE INTERNAL REVENUE SERVICES DEFINITION OF THE COMMUNITY SERVED BY A HOSPITAL AS "TH OSE PEOPLE LIVING WITHIN ITS HOSPITAL SERVICE AREA." A HOSPITAL SERVICE AREA COMPRISES ALL RESIDENTS OF A DEFINED GEOGRAPHIC AREA AND DOES NOT EXCLUDE LOW-INCOME OR UNDERSERVED POP ULATIONS. SMSC IS LOCATED IN SANTA CRUZ COUNTY AND SERVES THE ENTIRE COUNTY. THERE ARE TWO HOSPITALS IN SANTA CRUZ COUNTY. SANTA CRUZ COUNTY OCCUPIES 445 SQUARE MILES OF LAND APPRO XIMATELY 35 MILES SOUTHWEST OF SILICON VALLEY, WITH THE PACIFIC OCEAN TO THE WEST. IT INCL UDES 29 MILES OF COASTLINE, FORMING THE NORTHERN COAST OF MONTEREY BAY. IN 2019, AN ESTIMA TED 276,603 PEOPLE RESIDED IN THE SANTA CRUZ COUNTY. MORE THAN ONE IN FIVE COUNTY RESIDENT S LIVES IN THE CITY OF SANTA CRUZ, MAKING IT THE LARGEST LOCAL MUNICIPALITY BY POPULATION. THE OTHER INCORPORATED CITIES ARE CAPITOLA, SCOTTS VALLEY, AND WATSONVILLE. SANTA CRUZ CO UNTY ALSO INCLUDES THE FOLLOWING UNINCORPORATED TOWNS AND AREAS: AMESTI, APTOS, APTOS HILL S-LARKIN VALLEY, BEN LOMOND, BONNY DOON, BOULDER CREEK, BROOKDALE, CORRALITOS, DAVENPORT, DAY VALLEY, FELTON, FREEDOM, INTERLAKEN, LA SELVA BEACH, LIVE OAK, LOMPICO, MOUNT HERMON, PAJARO DUNES, PARADISE PARK, PASATIEMPO, PLEASURE POINT, RIO DEL MAR, SOQUEL, TWIN LAKES, AND ZAYANTE. NEARLY 20 PERCENT OF THE POPULATION IN SANTA CRUZ COUNTY IS UNDER THE AGE OF 18, AND 14 PERCENT IS 65 YEARS OLD OR OLDER. THESE PROPORTIONS ARE SIMILAR TO THOSE IN CAL IFORNIAS POPULATION OVERALL (23 PERCENT OF STATE RESIDENTS ARE UNDER AGE 18, AND 13 PERCEN T ARE AGE 65 OR OLDER). THE MEDIAN AGE IN SANTA CRUZ COUNTY IS 37.3 YEARS, SLIGHTLY OLDER THAN THE STATE MEDIAN AGE OF 36.1 YEARS. SANTA CRUZ COUNTY IS ALSO RELATIVELY DIVERSE. NOT ABLY, RESIDENTS OF "SOME OTHER RACE" (I.E., ONE NOT SPECIFICALLY CALLED OUT IN DATA SETS) ARE THE COUNTYS THIRD LARGEST RACIAL GROUP, ACCOUNTING FOR 12 PERCENT OF THE POPULATION. M ORE THAN THREE QUARTERS (77 PERCENT) OF THE POPULATION IS WHITE, AND 5 PERCENT IS ASIAN. (BY COMPARISON, LESS THAN TWO THIRDS OF CALIFORNIAS POPULATION IS WHITE, AND 14 PERCENT IS ASIAN.) ONE THIRD (33 PERCENT) OF SANTA CRUZ COUNTY RESIDENTS HAVE LATINX HERITAGE (COMPAR ED TO 39 PERCENT STATEWIDE). NEARLY ONE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH: SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF TH E PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AN D EXCELLENCE IN HEALTH CARE SERVICES." SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES. OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY: - BUILD ING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND G OVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS; - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROV EMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM; AND - PRO VIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS. CALIFORNI A PACIFIC MEDICAL CENTER (CPMC) (REPORTING GROUP A, 3, 5, 8, & 17): THE 2019 2021 IMPLEMEN TATION STRATEGY FOR CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HE ALTH OF THE COMMUNITY IT SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BE LOW: CPMCS AFRICAN AMERICAN BREAST HEALTH PROJECT AND SISTER TO SISTER PROGRAMS OFFER WOME N MAMMOGRAPHY SCREENING AND ALL THE SUBSEQUENT BREAST HEALTH DIAGNOSTIC TESTING AND TREATM ENT THEY MAY NEED AT NO COST. PARTNERING ORGANIZATIONS SUCH AS HEALTHRIGHT 360, SAN FRANCI SCO FREE CLINIC, CLINIC BY THE BAY, AND THE SAN FRANCISCO CHAPTER OF THE NATIONAL COALITIO N OF 100 BLACK WOMEN REFER UNINSURED, UNDERINSURED, DISADVANTAGED AND AT-RISK WOMEN FOR MA MMOGRAPHY SERVICES. IN 2019, THE PROGRAM PROVIDED 360 MAMMOGRAMS, 246 CLINICAL BREAST EXAM S AND 36 PAP SMEARS. THE COMMUNITY HEALTH RESOURCE CENTER (CHRC) COLLABORATES WITH OVER 20 DIFFERENT HEALTH CARE CENTERS IN SAN FRANCISCO, PROVIDING SUPPORTIVE SERVICES TO THOUSAND S OF CLIENTS THROUGH THE MANY FREE OR LOW-COST PROGRAMS, SCREENINGS AND COUNSELING SERVICE S THAT ARE AVAILABLE TO ANYONE IN THE COMMUNITY. PROGRAMS INCLUDE DIETITIANS, SOCIAL WORK COUNSELING, NUTRITION GUIDANCE, COMMUNITY HEALTH SCREENINGS, EDUCATIONAL LECTURES INCLUDIN G MONTHLY WELLNESS EVENTS, HEALTH INFORMATION AND LOCAL RESOURCES, EMPLOYEE AND GROUP WELL NESS PRESENTATIONS, AND SUPPORT GROUPS. IN 2019, CHRC SERVED 5,000 PATIENTS AND SECURED 6, 549 APPOINTMENTS FOR BEHAVIORAL HEALTH/SOCIAL SERVICES. CPMCS MISSION BERNAL (FORMERLY ST. LUKES) HEALTH CARE CENTER PROVIDES A FULL RANGE OF OBSTETRIC AND GYNECOLOGICAL CARE AT IT S WOMENS CENTER; WELL-BABY CARE, WELL-CHILD CARE, AND CARE FOR ILL OR INJURED CHILDREN AT ITS PEDIATRIC CLINIC; AND PRIMARY, ACUTE AND CHRONIC CARE AT ITS ADULT INTERNAL MEDICINE C LINIC FOR TEENAGERS AND ADULTS. IN 2019, 11,489 PEOPLE WERE SERVED. HEALTHFIRST, A CENTER FOR HEALTH EDUCATION AND DISEASE PREVENTION AFFILIATED WITH ST. LUKES/MISSION BERNAL HEALT H CARE CENTER, SERVES PATIENTS IN CHRONIC DISEASE MANAGEMENT BY INTEGRATING COMMUNITY HEAL TH WORKERS (CHWS) INTO THE MULTIDISCIPLINARY HEALTH CARE TEAM. IN 2019, 816 PATIENTS WERE SERVED, 100% OF ASTHMA PATIENTS HAD UP-TO-DATE ASTHMA ACTIONS PLANS, WHICH ARE UPDATED AT LEAST ANNUALLY. 87% OF PATIENTS HAD THEIR A1C LEVEL CONTROLLED (<9%). CPMCS KALMANOVITZ CH ILD DEVELOPMENT CENTER PROVIDES DIAGNOSIS, EVALUATION, TREATMENT AND COUNSELING FOR CHILDR EN AND ADOLESCENTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAU SED BY PREMATURITY, AUTISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDROME, ATTENTION DEFICIT D ISORDER, OR CEREBRAL PALSY. BESIDES OPERATING ITS OWN CLINICS, KCDC ALSO EXTENDS ITS SERVI CES TO A LARGE NUMBER OF AT-RISK CHILDREN AND BRINGS SERVICES TO THEM IN THEIR COMMUNITY B Y PARTNERING WITH LOCAL SCHOOLS AND OTHER COMMUNITY ORGANIZATIONS. IN 2019, 15,853 CLINIC VISITS WERE PROVIDED WITH 1,471 CONNECTED TO CHILD DEVELOPMENT SERVICES. LIONS EYE FOUNDAT ION AND CPMC PARTNER TOGETHER TO PROVIDE HIGHLY SPECIALIZED EYE CARE PROCEDURES FREE OF CH ARGE TO PEOPLE WITHOUT INSURANCE OR FINANCIAL RESOURCES. IN 2019, 4,414 ENCOUNTERS TOOK PL ACE WITH 245 GENERAL SURGICAL PROCEDURES, 229 LASER SURGERIES AND 3,221 DIAGNOSTIC TESTS W ERE PROVIDED. A KEY PART OF CPMCS MEDI-CAL PROGRAM IS THE MEDI-CAL MANAGED CARE PARTNERSHI P WITH NORTH EAST MEDICAL SERVICES (NEMS) COMMUNITY CLINIC AND SAN FRANCISCO HEALTH PLAN (SFHP), A LICENSED COMMUNITY HEALTH PLAN THAT PROVIDES AFFORDABLE HEALTH CARE COVERAGE TO O VER 130,000 LOW- AND MODERATE-INCOME SAN FRANCISCO RESIDENTS. WORKING TOGETHER WITH NEMS, CPMC SERVES AS THE HOSPITAL PARTNER FOR THESE MEDI-CAL BENEFICIARIES WHO SELECT NEMS AS TH EIR MEDICAL GROUP THROUGH SAN FRANCISCO HEALTH PLAN, PROVIDING THEM WITH INPATIENT SERVICE S, HOSPITAL-BASED SPECIALTY AND ANCILLARY SERVICES, AND EMERGENCY CARE. CPMC ALSO PROVIDES ACCESS TO QUALITY SERVICES AT THE ST. LUKES/MISSION BERNAL CAMPUS FOR PATIENTS WHO SELECT HILL PHYSICIANS OR BROWN & TOLAND AS THEIR MEDICAL GROUP THROUGH SAN FRANCISCO HEALTH PLA N. IN 2019, THE PROGRAM ENROLLED 35,336 IN NEMS, 1

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	,523 IN BROWN & TOLAND AND 1,559 IN HILL PHYSICIANS. CPMC PARTNERS WITH OPERATION ACCESS A ND THE SAN FRANCISCO ENDOSCOPY CENTER TO PROVIDE ACCESS TO DIAGNOSTIC SCREENINGS, SPECIALT Y PROCEDURES, AND SURGICAL CARE AT NO COST FOR UNINSURED BAY AREA PATIENTS WHO HAVE LIMITE D FINANCIAL RESOURCES. CPMC PHYSICIANS VOLUNTEER THEIR TIME TO PROVIDE THESE FREE SURGICAL SERVICES, WHILE THE HOSPITAL DONATES THE USE OF ITS OPERATING ROOMS. CPMC ALSO PROVIDES A GRANT TO SUPPORT OPERATION ACCESSS OPERATING COSTS. IN 2019, CPMC PROVIDED 168 OR PROCEDU RES, 45 GI PROCEDURES, 45 RADIOLOGY PROCEDURES AND 29 SPECIALIST EVALUATIONS. PATIENT SURV EYS SHOWED: 97% VERY SATISFIED OR SATISFIED WITH THEIR EXPERIENCE; 97% REPORTED IMPROVED H EALTH, ABILITY TO WORK AND QUALITY OF LIFE. AS PART OF CPMCS HEALTH PROFESSIONS EDUCATION PROGRAM, CPMC PSYCHIATRY RESIDENTS PROVIDE SERVICES ONE DAY PER WEEK TO PATIENTS IN NEED O F BEHAVIORAL HEALTH SERVICES AT COMMUNITY-BASED ORGANIZATIONS AND PUBLIC INSTITUTIONS, INC LUDING HEALTHRIGHT 360, JEWISH HOME, AND SAN QUENTIN PRISON. IN 2019, PSYCH RESIDENTS PROV IDED FREE SERVICES AS FOLLOWS, 900 PATIENT ENCOUNTERS AT SF FREE CLINIC, HEALTHRIGHT 360 A ND THROUGH TELEPSYCHIATRY FOR SAN QUENTIN PRISON. MEALS ON WHEELS SAN FRANCISCO (MOWSF) HE LPS LOW-INCOME, HOMEBOUND SENIORS TO AGE SAFELY AT HOME BY PROVIDING NOURISHING MEALS, SAF ETY SUPPORT, AND INTERPERSONAL AND COMMUNITY CONNECTIONS. MOWSF CURRENTLY PROVIDES 83 PERC ENT OF HOME-DELIVERED MEALS IN SAN FRANCISCO, BUT ITS CURRENT FACILITY CANNOT KEEP PACE WI TH DEMAND AS THE CITYS SENIOR POPULATION GROWS. THE CPMC GRANT SUPPORTS THE ORGANIZATION T O BUILD AND EQUIP A 45,000 SQUARE FOOT MEAL PRODUCTION FACILITY THAT WILL INCLUDE A FULL-C APACITY, COMMERCIAL KITCHEN FOR FOOD PREPARATION, STORAGE, ACCESS SPACE AND DISTRIBUTION Y ARD. IN 2019, THE PROGRAM SERVED 4,700 PEIOKE ABD ORIVUDED 2.1M MEALS. SOUTH OF MARKET BAY VIEW CHILD HEALTH CENTER (BCHC) OFFERS ROUTINE PREVENTATIVE AND URGENT PEDIATRIC CARE IN O NE OF SAN FRANCISCOS MOST MEDICALLY UNDERSERVED NEIGHBORHOODS, AND ADDRESSES PREVALENT COM MUNITY HEALTH ISSUES SUCH AS WEIGHT CONTROL AND ASTHMA MANAGEMENT. BCHC FOCUSES ON KEEPING INFANTS, CHILDREN AND ADOLESCENTS HEALTHY, AND ON CLOSELY MANAGING THEIR CARE WHEN THEY A RE ILL. IN 2019 THE CENTER PROVIDED 2,453 ENCOUNTERS, WITH 767 CONNECTED TO A PRIMARY CARE PHYSICIAN. MILLS PENINSULA MEDICAL CENTER (REPORTING GROUP B, 4, 12) THE 2019 2021 IMPLEM ENTATION STRATEGY FOR MILLS PENINSULA MEDICAL CENTER (MPMC) DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEA LTH OF THE COMMUNITY IT SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BEL OW: ROTACARE BAY AREA INC. IS A NONPROFIT 501(C)(3) PUBLIC BENEFIT CORPORATION THAT PROVID ES FREE MEDICAL CARE TO THOSE WITH THE GREATEST NEED AND THE LEAST ACCESS TO MEDICAL CARE. AT ROTACARE COASTSIDE, IN ADDITION TO PRIMARY CARE SERVICES, WE PROVIDE ANCILLARY SERVICE S THAT INCLUDE HEALTH EDUCATION ACTIVITIES AVAILABLE TWICE A MONTH (WORKSHOPS) OR WHEN NEE DED (INDIVIDUAL ENCOUNTERS). THESE SESSIONS ARE FACILITATED BY VOLUNTEER STAFF WITH VAST E XPERIENCE IN HEALTH EDUCATION (PUBLIC HEALTH PROFESSIONALS OR RNS). IN 2019, 222 PATIENTS RECEIVED A DIAGNOSIS OF HIGH BLOOD PRESSURE AND WERE REFERRED TO HEALTH EDUCATION TO PROPE RLY MANAGER THEIR BLOOD PRESSURE. MPMC PARTNERS WITH OPERATION ACCESS TO PROVIDE ACCESS TO DIAGNOSTIC SCREENINGS, SPECIALTY PROCEDURES, AND SURGICAL CARE AT NO COST FOR UNINSURED B AY AREA PATIENTS WHO HAVE LIMITED FINANCIAL RESOURCES. MPMC PHYSICIANS VOLUNTEER THEIR TIM E TO PROVIDE THESE FREE SURGICAL SERVICES, WHILE THE HOSPITAL DONATES THE USE OF ITS OPERA TING ROOMS. MPMC ALSO PROVIDES A GRANT TO SUPPORT OPERATION ACCESSS OPERATING COSTS. IN 20 19, A TOTAL OF 65 ENCOUNTERS WERE MADE WITH 27 OPERATING ROOM PROCEDURES, 13 SPECIALIST EV ALUATIONS AND 12 PHYSICIANS VOLUNTEERING FOR THE PROGRAM. THE DALY CITY YOUTH HEALTH CENTE R (DCYHC) BELIEVES THAT ALL YOUNG PEOPLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	SUTTER HEALTH IS NEARLY 60,000 PEOPLE STRONG THANKS TO ITS INTEGRATED NETWORK OF CLINICIANS, EMPLOYEES AND VOLUNTEERS. HEADQUARTERED IN SACRAMENTO, CALIFORNIA, SUTTER HEALTH PROVIDES ACCESS TO HIGH QUALITY, AFFORDABLE CARE FOR MORE THAN 3 MILLION NORTHERN CALIFORNIANS THROUGH ITS NETWORK OF HOSPITALS, MEDICAL FOUNDATIONS, URGENT AND WALK-IN CARE CENTERS, HOME HEALTH AND HOSPICE SERVICES. NEARLY 14,000 DOCTORS AND ADVANCED PRACTICE CLINICIANS CARE FOR SUTTER PATIENTS. RECOGNIZED AS A NATIONAL LEADER IN QUALITY AND ACCESS, SUTTERS INTEGRATED HEALTHCARE SYSTEM PROVIDES ACCESS TO SOME OF THE BEST MEDICAL CARE IN THE COUNTRY THAT OUTPERFORMS STATE AND NATIONAL AVERAGES IN NEARLY EVERY QUALITY MEASURE. THROUGH INTEGRATION, SUTTER HEALTH FOSTERS MEDICAL INNOVATION AND ENABLES CARE TEAMS TO SHARE BEST PRACTICES ACROSS THE SYSTEM. THIS GIVES PATIENTS ACCESS TO A FULL RANGE OF TREATMENTS AND SERVICES-HELPING LEAD TO HEALTHIER OUTCOMES. GROUNDED IN ITS NOT-FOR-PROFIT MISSION, SUTTER HEALTH HEAVILY REINVESTS IN ITS COMMUNITIES, COMMITTING HUNDREDS OF MILLIONS OF DOLLARS ANNUALLY TO SUPPORT PROGRAMS AND ORGANIZATIONS THAT PROVIDE HEALTHCARE ACCESS AND SERVICES FOR THOSE IN NEED. FROM DEPLOYING TECHNOLOGY THAT IMPROVES THE PATIENT EXPERIENCE TO SUPPORTING STRONG COMMUNITY PARTNERSHIPS, THE STRENGTH OF SUTTERS INTEGRATED SYSTEM PROVIDES A MODEL THAT CAN SHAPE THE FUTURE OF HEALTHCARE. SUTTER HEALTHS TOTAL INVESTMENT IN COMMUNITY BENEFIT IN 2019 WAS $830 MILLION. THIS AMOUNT INCLUDES TRADITIONAL CHARITY CARE AND UNREIMBURSED COSTS OF PROVIDING CARE TO MEDI-CAL PATIENTS, AS WELL AS INVESTMENTS IN COMMUNITY HEALTH PROGRAMS TO ADDRESS PRIORITIZED HEALTH NEEDS AS IDENTIFIED BY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS. - AS PART OF SUTTER HEALTHS COMMITMENT TO FULFILL ITS NOT-FOR-PROFIT STATUS AND SERVE THE MOST VULNERABLE IN ITS COMMUNITIES, SUTTER HOSPITALS, AFFILIATED MEDICAL FOUNDATIONS AND OTHER HEALTHCARE PROVIDERS OFFER CHARITY CARE POLICIES TO ENSURE THAT PATIENTS CAN ACCESS NEEDED MEDICAL CARE REGARDLESS OF THEIR ABILITY TO PAY. SUTTERS CHARITY CARE POLICIES, WHICH HAVE BEEN IN PLACE FOR MANY YEARS, OFFER FINANCIAL ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS EARNING LESS THAN 400 PERCENT OF THE ANNUALLY ADJUSTED FEDERAL POVERTY LEVEL. IN 2019, SUTTER HEALTH INVESTED $125 MILLION IN CHARITY CARE, COMPARED TO $89 MILLION IN 2018. - OVERALL, SINCE THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, GREATER NUMBERS OF PREVIOUSLY UNINSURED PEOPLE NOW HAVE MORE ACCESS TO HEALTHCARE COVERAGE THROUGH THE MEDI-CAL AND MEDICARE PROGRAMS. THE PAYMENTS FOR PATIENTS WHO ARE COVERED BY MEDI-CAL AND MEDICARE DO NOT COVER THE FULL COSTS OF PROVIDING CARE. IN 2019, SUTTER HEALTH INVESTED $499 MILLION MORE THAN THE STATE PAID TO CARE FOR MEDI-CAL PATIENTS. - EXAMPLES OF REGIONAL PRIORITIZED HEALTH NEEDS INCLUDE ACCESS TO MENTAL HEALTH AND ADDICTION CARE, DISEASE PREVENTION AND MANAGEMENT, ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS AND FOOD, AS WELL AS INCREASED ACCESS TO PRIMARY CARE SERVICES. SEE MORE ABOUT HOW SUTTER HEALTH REINVESTS INTO THE COMMUNITY BY VISITING SUTTERPARTNERS.ORG. IN ADDITION, EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES. THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESS REAL COMMUNITY NEEDS. FOR MORE FACTS AND INFORMATION VISIT WWW.SUTTERHEALTH.ORG.

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **18** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ALTA BATES SUMMIT MEDICAL CENTER 350 HAWTHORNE AVENUE OAKLAND, CA 94609 WWW.ALTABATESSUMMIT.ORG LICENSE #140000284	X	X					X			C
2	ALTA BATES CAMPUS 2450 ASHBY AVENUE BERKELEY, CA 94705 WWW.ALTABATESSUMMIT.ORG LICENSE #140000004	X	X					X			C
3	CPMC - VAN NESS CAMPUS 1101 VAN NESS AVE SAN FRANCISCO, CA 94109 WWW.CPMC.ORG LICENSE #220000197	X	X					X			A
4	MILLS PENINSULA MEDICAL CENTER 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 WWW.MILLS-PENINSULA.ORG LICENSE #220000037	X	X					X		OUTPATIENT SERVICES	B
5	CPMC - DAVIES CAMPUS 601 DUBOCE AVENUE SAN FRANCISCO, CA 94117 WWW.CPMC.ORG LICENSE #220000197	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? **18** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	SUTTER DELTA MEDICAL CENTER 3901 LONE TREE WAY ANTIOCH, CA 94509 WWW.SUTTERDELTA.ORG LICENSE #140000258	X	X					X			C
7	EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 WWW.EDENMEDICALCENTER.ORG LICENSE #140000030	X	X					X		OUTPATIENT SERVICES	
8	CPMC - MISSION BERNAL CAMPUS 3555 CESAR CHAVEZ STREET SAN FRANCISCO, CA 94110 WWW.ALTABATESSUMMIT.ORG LICENSE #220000070	X	X					X			A
9	SUTTER SANTA ROSA REGIONAL HOSPITAL 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403 WWW.SUTTERSANTAROSA.ORG LICENSE #110000005	X	X					X			
10	SUMMIT CAMPUS 3100 SUMMIT STREET OAKLAND, CA 94609 WWW.ALTABATESSUMMIT.ORG LICENSE #140000284	X	X					X			C

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? **18** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
11	ALTA BATES - HERRICK CAMPUS 2001 DWIGHT WAY BERKELEY, CA 94704 WWW.ALTABATESSUMMIT.ORG LICENSE #140000004	X	X					X			C
12	MILLS HEALTH CENTER 100 SOUTH SAN MATEO DRIVE SAN MATEO, CA 94401 WWW.MILLS-PENINSULA.ORG LICENSE #220000037	X	X							OUTPATIENT SERVICES	B
13	NOVATO COMMUNITY HOSPITAL 180 ROLAND WAY NOVATO, CA 94945 WWW.NOVATOCOMMUNITY.ORG LICENSE #110000375	X	X					X			
14	SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD LAKEPORT, CA 95463 WWW.SUTTERLAKESIDE.ORG LICENSE #110000094	X	X			X		X			
15	SUTTER MATERNITY & SURGERY SANTA CRUZ 2900 CHANTICLEER AVENUE SANTA CRUZ, CA 95065 WWW.SUTTERSANTACRUZ.ORG LICENSE #070000399	X	X							OUTPATIENT SERVICES	B

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **18** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
16	MPI CHEMICAL DEPENDENCY RECOVERY HOSP 3012 SUMMIT STREET OAKLAND, CA 94609 WWW.ALTABATESSUMMIT.ORG/MPI LICENSE #130000232	X									C
17	CPMC - DP APH 2333 BUCHANAN ST SAN FRANCISCO, CA 94115 WWW.CPMC.ORG LICENSE #220000197										A
18	MENLO PARK SURGICAL HOSPITAL 570 WILLOW ROAD MENLO PARK, CA 94025 WWW.PAMF.ORG/MPSH LICENSE #220000276	X	X							OUTPATIENT SERVICES	B

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

Form and Line Reference	Explanation
REPORTING FACILITY: A, (3, 5, 8, 17)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS: CALIF ORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): IN CONDUCTING ITS MOST RE CENT CHNA, CALIFORNIA PACIFIC MEDICAL CENTER, A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. THE GOALS OF THE COMMUNITY ENGAGEMENT COMPONENT OF THE CHNA WERE TO: - IDENTIFY SAN FRANCISCANS HEALTH PRIORITIES, ESPECIALLY THOSE OF VULNERABLE POPULATI ONS. - OBTAIN DATA ON POPULATIONS AND ISSUES FOR WHICH WE HAVE LITTLE QUANTITATIVE DATA. - BUILD RELATIONSHIPS BETWEEN THE COMMUNITY AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHI P (SFHIP). - MEET THE REGULATORY REQUIREMENTS INCLUDING THE IRS RULES FOR 501(C)(3) CHARIT ABLE HOSPITALS, PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR THE SAN FRANCISCO HEALT H DEPARTMENT, AND SAN FRANCISCOS PLANNING CODE REQUIREMENTS FOR A HEALTH CARE SERVICES MAS TER PLAN. THE 2019 CHNA INCLUDES FOUR CATEGORIES OF FOCUS GROUPS: SFHIP KEY INFORMANT GROU P INTERVIEW, EQUITY COALITION FOCUS GROUPS, FOOD-INSECURE PREGNANT WOMEN FOCUS GROUPS, AND KAISER FOCUS GROUPS. SFHIP KEY INFORMANT GROUP INTERVIEW ONE FOCUS GROUP WAS COMPRISED OF SFHIP MEMBERS WHO ARE ALL SUBJECT MATTER EXPERTS. TWO SERIES OF QUESTIONS WERE ASKED: 1) WHAT ARE THE HEALTHIEST CHARACTERISTICS OF THIS COMMUNITY? WHAT SUPPORTS PEOPLE TO LIVE HE ALTHIER LIVES? 2) WHAT ARE THE BIGGEST HEALTH ISSUES AND/OR CONDITIONS YOUR COMMUNITY STRU GGLES WITH? WHAT DO YOU THINK CREATES THOSE ISSUES? EQUITY COALITION FOCUS GROUPS THREE FO CUS GROUPS WERE CONDUCTED WITH EACH OF THE THREE HEALTH EQUITY COALITIONS IN SAN FRANCISCO : CHICANO/LATINO/INDIGENA HEALTH EQUITY COALITION, ASIAN AND PACIFIC ISLANDER HEALTH PARIT Y COALITION, AND AFRICAN AMERICAN COMMUNITY HEALTH EQUITY COUNCIL. USING THE TECHNOLOGY OF PARTICIPATION (TOP) CONSENSUS METHOD, THE QUESTION POSED TO EACH FOCUS GROUP WAS, "WHAT A CTIONS CAN WE TAKE TO IMPROVE HEALTH?" FOOD-INSECURE PREGNANT WOMEN FOCUS GROUPS THE HOMEL ESS PRENATAL PROGRAM HELD FOUR FOCUS GROUPS WITH WOMEN WHO EXPERIENCED FOOD INSECURITY WHI LE PREGNANT. EACH FOCUS GROUP FOCUSED ON A DIFFERENT GROUP OF WOMEN: SPANISH-SPEAKERS, CHI NESE-SPEAKERS, MULTI-ETHNIC ENGLISH-SPEAKERS, AND BLACK/AFRICAN AMERICANS. THE QUESTION TO RESPOND TO WAS, "WHAT ACTIONS CAN WE TAKE TO IMPROVE YOUR FOOD NEEDS?" KAISER-LED FOCUS G ROUPS KAISER CONDUCTED FOUR FOCUS GROUPS, ONE EACH WITH KAISER PERMANENTE LEADERSHIP, KAIS ER PERMANENTE STAFF, SPANISH-SPEAKING PARENTS REGARDING HEALTHY EATING AND ACTIVE LIVING A MONG YOUTH, AND HOMELESS AND/OR HIV-POSITIVE YOUTH. FURTHER DETAILS ON THE METHODS AND FIN DINGS ARE AVAILABLE IN 2019 CHNA "COMMUNITY ENGAGEMENT" SECTION. HTTPS://WWW.SUTTERHEALTH. ORG/FOR-PATIENTS/COMMUNITY-HEA

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

Form and Line Reference	Explanation
REPORTING FACILITY: A, (3, 5, 8, 17)	LTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6A & 6B CHNA HOSPITAL COLLABORATORS: CALIFO RNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): AS A MEMBER OF SFHIP, CPMC PARTICIPATES IN A COLLECTIVE NEEDS ASSESSMENT PROCESS TO ENSURE THAT OUR COMMUNITY BENEFI T INVESTMENTS ARE RESPONSIVE TO REAL COMMUNITY HEALTH NEEDS. THIS CHNA REPORT HAS AS ITS F OUNDATION THE CHNA REPORT THAT WAS COLLECTIVELY DEVELOPED BY THE SAN FRANCISCO HEALTH IMPR OVEMENT PARTNERSHIP (SFHIP)-SAN FRANCISCO COMMUNITY HEALTH NEEDS ASSESSMENT 2019. THE PROC ESSES AND FINDINGS DESCRIBED WITHIN THIS DOCUMENT REFER TO THOSE OF SFHIPS 2019 NEEDS ASSE SSMENT. THE ORIGINAL 2019 CHNA DOCUMENT COLLECTIVELY DEVELOPED BY SFHIP AND PREPARED BY SF DPH CAN BE FOUND AT WWW.SFHIP.ORG. SFHIP IS A COLLABORATIVE BODY WHOSE MISSION IS TO EMBRA CE COLLECTIVE IMPACT AND TO IMPROVE COMMUNITY HEALTH AND WELLNESS IN SAN FRANCISCO. MEMBER SHIP IN SFHIP INCLUDES: - SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - AFRICAN AMERICAN COM MUNITY HEALTH EQUITY COUNCIL - ASIAN AND PACIFIC ISLANDER HEALTH PARITY COALITION - CHICAN O/LATINO/INDIGENA HEALTH EQUITY COALITION - SAN FRANCISCO HUMAN SERVICES NETWORK - DIGNITY HEALTH SAINT FRANCIS MEMORIAL HOSPITAL - DIGNITY HEALTH ST. MARYS MEDICAL CENTER - SUTTER HEALTH CALIFORNIA PACIFIC MEDICAL CENTER - KAISER PERMANENTE - CHINESE HOSPITAL - SAN FRA NCISCO COMMUNITY CLINIC CONSORTIUM - METTA FUND - SAN FRANCISCO INTERFAITH COUNCIL - SAN F RANCISCO UNIFIED SCHOOL DISTRICT - SAN FRANCISCO MAYORS OFFICE - UCSF CLINICAL AND TRANSLA TIONAL SCIENCE INSTITUTES COMMUNITY ENGAGEMENT AND HEALTH POLICY PROGRAM A COMPLETE LISTIN G OF HOSPITALS AND PARTNERS WHO COLLABORATED ON THE CHNA IS AVAILABLE FOR DOWNLOAD AT HTTP S://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 7A, 7B, 10A CHNA AVAILABILITY ONLINE: CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): - HOSPITAL FACILITY'S WEBSITE: HTTP://WWW.CPMC.ORG/ABOUT/COMMUNI TY/COMMUNITY-NEEDS-ASSESSMENT.HTML - OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIE NTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 CALIFORNIA PACIFIC MEDI CAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT CPMC INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO COORDINATED, CULTURALLY AND L INGUISTICALLY APPROPRIATE CARE AND SERVICES 2. FOOD SECURITY, HEALTHY EATING, AND ACTIVE L IVING 3. HOUSING SECURITY AND AN END TO HOMELESSNESS 4. SAFETY FROM VIOLENCE AND TRAUMA 5. SOCIAL, EMOTIONAL, AND BEHAVIORAL HEALTH DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS T HAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRES S ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, CPMC IS COMMITTED TO SERVING THE COMMU NITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN C

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.

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REPORTING FACILITY: A, (3, 5, 8, 17)	ONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRE SS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALT H NEEDS ASSESSMENT: - ECONOMIC BARRIERS TO HEALTH - RACIAL HEALTH INEQUITIES - SAFETY AND VIOLENCE - HOUSING STABILITY AND HOMELESSNESS - SUBSTANCE ABUSE AS A MEMBER OF THE SAN FRA NCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP), CPMC WILL CONTINUE TO WORK IN COLLABORATION WITH OTHER LOCAL HOSPITALS AND HEALTH PLANS TO IDENTIFY GAPS IN SERVICE AND TO DETERMINE WHERE EFFORTS SHOULD BE COLLECTIVELY REDIRECTED IN ORDER TO MOST EFFECTIVELY IMPROVE THE H EALTH OF SAN FRANCISCO RESIDENTS. FOR MORE INFORMATION ABOUT SFHIP, PLEASE VISIT WWW.SFHIP .ORG. SCHEDULE H, PART V, LINE 15E CALIFORNIA PACIFIC MEDICAL (REPORTING GROUP A, 3, 5, 8, & 17): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANC E WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. SCHEDULE H, PART V, LINES 16A, 16B, & 16C CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A, 3, 5, 8, & 17): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAIL ABLE ON THE SUTTER HEALTH WEBSITE AT: HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANCI AL-ASSISTANCE.HTML SCHEDULE H, PART V, LINE 16J CALIFORNIA PACIFIC MEDICAL (REPORTING GROU P A, 3, 5, 8, & 17): MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SE RVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANG UAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT T O REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POL ICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WIL L PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZ ATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZ ATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. SCHEDULE H, PART V, LINE 22 D REPORTING FACILITY: A, (3, 5, 8, 17) AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE OR GANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMI

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Form and Line Reference	Explanation
REPORTING FACILITY: B, (4, 12, 15, 18)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS: MILLS PENINSULA MEDICAL CENTER (REPORTING GROUP B, 4, 12, 15, & 18): IN CONDUCTING ITS MOST REC ENT CHNA, MILLS-PENINSULA MEDICAL CENTER AND MENLO PARK SURGICAL HOSPITAL DID TAKE INTO AC COUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITA L'S SERVICE AREA. ACTIONABLE INSIGHTS (AI) CONDUCTED PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HE ALTH AND COMMUNITY-SERVICE EXPERTS, AND FOCUS GROUPS WITH PROFESSIONALS, AND FOCUS GROUPS WITH RESIDENTS. AI RECORDED EACH INTERVIEW AND FOCUS GROUP AS A STANDALONE PIECE OF DATA. RECORDINGS WERE TRANSCRIBED, THEN THE TEAM USED QUALITATIVE RESEARCH SOFTWARE TOOLS TO ANA LYZE THE TRANSCRIPTS FOR COMMON THEMES. AI ALSO TABULATED HOW MANY TIMES HEALTH NEEDS HAD BEEN PRIORITIZED BY EACH OF THE FOCUS GROUPS OR DESCRIBED AS A PRIORITY IN A KEY INFORMANT INTERVIEW. THE HCC USED THIS TABULATION TO HELP ASSESS COMMUNITY HEALTH PRIORITIES. ACROS S THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AI SOLICITED INPUT FROM MORE THAN 60 COMM UNITY LEADERS AND REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS. THESE REPRESENTATI VES EITHER WORK IN THE HEALTH FIELD OR IN A COMMUNITY-BASED ORGANIZATION THAT FOCUSES ON I MPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-N EED TARGET POPULATIONS. IN THE LIST BELOW, THE NUMBER IN PARENTHESES INDICATES THE NUMBER OF PARTICIPANTS FROM EACH SECTOR. - SAN MATEO COUNTY HEALTH (3) - OTHER SAN MATEO COUNTY E MPLOYEES (FROM BEHAVIORAL HEALTH AND RECOVERY SERVICES, HUMAN SERVICES AGENCY, OFFICE OF E DUCATION, ETC.) (10) - OTHER PUBLIC EMPLOYEES (FROM CITIES, SCHOOL DISTRICTS, ETC.) (5) - OTHER HOSPITALS, CLINICS, AND HEALTH CARE SYSTEMS (6) - MENTAL HEALTH, SUBSTANCE USE, AND VIOLENCE PREVENTION PROVIDERS (4) - OTHER NONPROFIT COMMUNITY-BASED ORGANIZATIONS (33), IN CLUDING THOSE SERVING CHILDREN, YOUTH, SENIORS, PARENTS, ETHNIC MINORITIES, AND OTHER VULN ERABLE POPULATIONS, SUCH AS IMMIGRANTS, THOSE EXPERIENCING HOMELESSNESS, THOSE EXPERIENCIN G FOOD INSECURITY, AND THOSE SUFFERING FROM DEMENTIA, MENTAL HEALTH, AND SUBSTANCE USE DIS ORDERS - COMMUNITY GROUPS, INCLUDING COLLABORATIVES AND COALITIONS (1) - FAITH-BASED (1) - BUSINESS SECTOR (1) BETWEEN APRIL AND JUNE 2018, AI CONDUCTED PRIMARY RESEARCH VIA KEY IN FORMANT INTERVIEWS WITH 19 SAN MATEO COUNTY EXPERTS FROM VARIOUS ORGANIZATIONS. THESE EXPE RTS INCLUDED THE DEPUTY CHIEF OF THE COUNTY HEALTH SYSTEM, COMMUNITY CLINIC MANAGERS, AND CLINICIANS. INTERVIEWS WERE CONDUCTED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR . AI ASKED INFORMANTS: - WHAT ARE THE MOST IMPORTANT/PRESSING HEALTH NEEDS IN SAN MATEO CO UNTY? - WHAT DRIVERS OR BARRIE

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Form and Line Reference	Explanation
REPORTING FACILITY: B, (4, 12, 15, 18)	RS ARE IMPACTING THE TOP HEALTH NEEDS? - TO WHAT EXTENT IS HEALTH CARE ACCESS A NEED IN TH E COMMUNITY? - TO WHAT EXTENT IS MENTAL HEALTH A NEED IN THE COMMUNITY? - WHAT POLICIES OR RESOURCES ARE NEEDED TO IMPACT HEALTH NEEDS? FOUR FOCUS GROUPS WERE CONDUCTED WITH A TOTA L OF 45 PROFESSIONALS AND COMMUNITY LEADERS FROM APRIL TO MAY 2018. THE QUESTIONS WERE THE SAME AS THOSE USED WITH KEY INFORMANTS. AI CONDUCTED FIVE RESIDENT FOCUS GROUPS WITH A TO TAL OF 45 RESIDENTS BETWEEN APRIL AND JUNE 2018. THE DISCUSSIONS CENTERED ON THE SAME FIVE QUESTIONS AS THE KEY INFORMANTS, WHICH AI MODIFIED APPROPRIATELY FOR EACH AUDIENCE. NONPR OFIT HOSTS, SUCH AS THE PENINSULA CONFLICT RESOLUTION CENTER, RECRUITED PARTICIPANTS FOR T HE GROUPS. TO PROVIDE A VOICE TO THE COMMUNITY IT SERVES IN SAN MATEO COUNTY, AND IN ALIGN MENT WITH IRS REGULATIONS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICALLY UNDERSERV ED, LOW-INCOME, OR OF A MINORITY POPULATION. A TOTAL OF 45 COMMUNITY MEMBERS PARTICIPATED IN THE FOCUS GROUP DISCUSSIONS ACROSS SAN MATEO COUNTY. AI ASKED ALL PARTICIPANTS TO COMPL ETE AN ANONYMOUS DEMOGRAPHIC SURVEY. THE RESULTS: - 41 PERCENT OF RESPONDENTS WERE LATINX, 25 PERCENT WERE WHITE, 18 PERCENT WERE PACIFIC ISLANDER, 5 PERCENT WERE ASIAN, 5 PERCENT WERE AFRICAN ANCESTRY, AND THE REST WERE OF MULTIPLE ETHNICITIES. - 20 PERCENT OF RESPONDE NTS WERE AGE 25 OR YOUNGER, AND 50 PERCENT WERE AGE 65 OR OLDER. - 73 PERCENT WERE FEMALE, 22 PERCENT WERE MALE, AND 5 PERCENT WERE GENDER-NONCONFORMING. - 68 PERCENT REPORTED HAVI NG AN ANNUAL HOUSEHOLD INCOME OF LESS THAN $49,000 PER YEAR, WHICH IS BELOW THE 2018 CALIF ORNIA SELF-SUFFICIENCY STANDARD FOR SAN MATEO COUNTY FOR TWO ADULTS WITH NO CHILDREN ($67, 243). HALF WERE LOW-INCOME (I.E., MEDI-CAL ELIGIBLE30 OR EARNING LESS THAN $25,000). THIS DEMONSTRATES A HIGH LEVEL OF NEED AMONG PARTICIPANTS IN AN AREA WHERE THE COST OF LIVING I S EXTREMELY HIGH COMPARED WITH OTHER AREAS OF CALIFORNIA. THE FINDINGS IN MILLS PENINSULA MEDICAL CENTERS CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY- HEALTH-NEEDS-ASSESSMEN T SUTTER MATERNITY & SURGERY CENTER, SANTA CRUZ (REPORTING GROUP B, 15): SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ (SMSC), A FACILITY OF MPMC, CONTRACTED WITH ACTIONABLE INSIGHTS (AI) TO COLLECT AND REVIEW SECONDARY QUANTITATIVE (STATISTICAL) D ATA FROM OTHER SOURCES AND PRIMARY QUALITATIVE DATA THROUGH KEY INFORMANT INTERVIEWS AND F OCUS GROUPS. ACTIONABLE INSIGHTS CONDUCTED PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED T WO STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH AND COM MUNITY-SERVICE EXPERTS AND FOCUS GROUPS WITH PROFESSIONALS AND COMMUNITY MEMBERS. PRIMARY RESEARCH PROTOCOLS WERE GENERATED BY AI IN COLLABORATION WITH SMSC, BASED ON A DISCUSSION WITH SMSC ABOUT WHAT IT WISHED TO LEARN DURING THE 2019 CHNA. SMSC SOUGHT TO BUILD UPON PR IOR CHNAS BY FOCUSING THE PRIMARY RESEARCH ON THE COMMUNITYS PERCEPTIONS OF MENTAL HEALTH AND HOUSING AND HOMELESSNESS,

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REPORTING FACILITY: B, (4, 12, 15, 18)	AS WELL AS ITS EXPERIENCE WITH HEALTH CARE ACCESS AND DELIVERY. ALL THREE ISSUES WERE IDEN TIFIED AS A MAJOR HEALTH NEEDS IN 2016. RELATIVELY LITTLE TIMELY QUANTITATIVE DATA EXISTS ON THESE SUBJECTS. AI RECORDED EACH INTERVIEW AND FOCUS GROUP AS A STANDALONE PIECE OF DAT A. RECORDINGS WERE TRANSCRIBED, AFTER WHICH THE TEAM USED QUALITATIVE RESEARCH SOFTWARE TO OLS TO ANALYZE THE TRANSCRIPTS FOR COMMON THEMES. AI ALSO TABULATED HOW MANY TIMES HEALTH NEEDS HAD BEEN PRIORITIZED BY EACH OF THE FOCUS GROUPS OR DESCRIBED AS A PRIORITY IN A KEY INFORMANT INTERVIEW. SMSC USED THIS TABULATION TO HELP ASSESS COMMUNITY HEALTH PRIORITIES . ACROSS THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AI SOLICITED INPUT FROM 25 COMMUNI TY LEADERS AND REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS. THESE REPRESENTATIVES EITHER WORK IN THE HEALTH FIELD OR IN A COMMUNITY-BASED ORGANIZATION THAT FOCUSES ON IMPR OVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED TARGET POPULATIONS. IN THE LIST BELOW, THE NUMBER IN PARENTHESES INDICATES THE NUMBER OF PARTICIPANTS FROM EACH SECTOR. - SANTA CRUZ COUNTY HEALTH (3) - OTHER PUBLIC EMPLOYEES (FR OM COUNTY AGENCIES, SCHOOL DISTRICTS, ETC.) (3) - OTHER HOSPITALS, CLINICS, AND HEALTH CAR E SYSTEMS (13) - MENTAL HEALTH, SUBSTANCE USE, AND VIOLENCE PREVENTION PROVIDERS (2) - OTH ER NONPROFIT COMMUNITY-BASED ORGANIZATIONS (4), INCLUDING THOSE SERVING CHILDREN, YOUTH, S ENIORS, PARENTS, ETHNIC MINORITIES, AND OTHER VULNERABLE POPULATIONS, SUCH AS IMMIGRANTS, THOSE EXPERIENCING HOMELESSNESS, AND THOSE EXPERIENCING FOOD INSECURITY. KEY INFORMANT INT ERVIEWS BETWEEN APRIL AND MAY 2019, AI CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERV IEWS WITH SEVEN SANTA CRUZ COUNTY EXPERTS FROM VARIOUS ORGANIZATIONS. THESE EXPERTS INCLUD ED THE DIRECTOR OF THE COUNTY HEALTH SYSTEM AND LEADERS OF COMMUNITY-BASED ORGANIZATIONS. INTERVIEWS WERE CONDUCTED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR. AI ASKED I NFORMANTS: - WHAT ARE THE MOST IMPORTANT/PRESSING HEALTH NEEDS IN SANTA CRUZ COUNTY? - WHA T DRIVERS OR BARRIERS ARE IMPACTING THE TOP HEALTH NEEDS? - TO WHAT EXTENT IS HEALTH CARE ACCESS A NEED IN THE COMMUNITY? - TO WHAT EXTENT IS MENTAL HEALTH A NEED IN THE COMMUNITY? - TO WHAT EXTENT IS HOUSING A NEED IN THE COMMUNITY? - WHAT POLICIES OR RESOURCES ARE NEE DED TO IMPACT HEALTH NEEDS? FOCUS GROUPS TWO FOCUS GROUPS WERE CONDUCTED IN MAY 2019 WITH A TOTAL OF 19 PROFESSIONALS AND COMMUNITY LEADERS. THE QUESTIONS WERE THE SAME AS THOSE US ED WITH KEY INFORMANTS. THE FINDINGS IN SUTTER MATERNITY & SURGERY CENTERS CHNA ARE AVAILA BLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDU LE H, PART V, LINE 6A & 6B MILLS-PENINSULA MEDICAL CENTER (REPORTING GROUP B, 4, 12, & 18) : MILLS-PENINSULA MEDICAL CENTER (MPMC) AND ITS PARTNERS IN THE HEALTHY COMMUNITY COLLABOR ATIVE (HCC) OF SAN MATEO COUNTY ARE PLEASED TO HAVE PRODUCED THE 2019 COMMUNITY HEALTH NEE DS ASSESSMENT (CHNA). THE HCC

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

Form and Line Reference	Explanation
REPORTING FACILITY: C, (1-2, 6, 10-11, & 16)	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 ALTA BATES SUMMIT MEDICAL CENTER (C, 1-2, 10-11, & 16): IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ALTA BATES SUMMIT MEDICAL CENTER (AB SMC), A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REP RESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. ACTIONABLE INS IGHTS (AI) CONDUCTED THE PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED THREE STRATEGIES FO R COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS W ITH PROFESSIONALS, AND FOCUS GROUPS WITH RESIDENTS. PRIMARY RESEARCH PROTOCOLS GENERATED B Y AI IN COLLABORATION WITH THE HOSPITALS IN ALAMEDA AND CONTRA COSTA COUNTIES WERE BASED O N FACILITATED DISCUSSION AMONG THE HOSPITALS REPRESENTATIVES ABOUT WHAT THEY WISHED TO LEA RN DURING THE 2019 CHNA. THE HOSPITALS SOUGHT TO BUILD UPON PRIOR CHNAS BY FOCUSING THE PR IMARY RESEARCH ON THE COMMUNITYS PERCEPTION OF MENTAL HEALTH (IDENTIFIED AS A MAJOR HEALTH NEED IN THE 2016 CHNA) AND THEIR EXPERIENCE WITH HEALTHCARE ACCESS AND DELIVERY (ALSO IDE NTIFIED AS A MAJOR HEALTH NEED IN 2016). RELATIVELY LITTLE TIMELY QUANTITATIVE DATA EXIST ON THESE SUBJECTS. AI RECORDED EACH INTERVIEW AND FOCUS GROUP AS A STANDALONE PIECE OF DAT A. RECORDINGS WERE TRANSCRIBED, AND THEN THE TEAM USED QUALITATIVE RESEARCH SOFTWARE TOOLS TO ANALYZE THE TRANSCRIPTS FOR COMMON THEMES. AI ALSO TABULATED HOW MANY TIMES HEALTH NEE DS HAD BEEN PRIORITIZED BY EACH OF THE FOCUS GROUPS OR DESCRIBED AS A PRIORITY IN KEY INFO RMANT INTERVIEWS. THE NORTHERN ALAMEDA COUNTY HOSPITALS ("THE N-AC HOSPITALS") USED THIS T ABULATION TO HELP ASSESS COMMUNITY HEALTH PRIORITIES. THROUGH THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AI SOLICITED INPUT FROM 36 RESIDENTS AND 68 COMMUNITY LEADERS AND REPRE SENTATIVES. THE LEADERS AND REPRESENTATIVES WORKED EITHER IN THE HEALTHCARE FIELD OR IN CO MMUNITY-BASED ORGANIZATIONS FOCUSED ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED POPULATIONS. KEY INFORMANT INTERVIEWS BETWEEN JUNE AND AUGUST 2018, AI CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERVIEWS WITH 16 L OCAL AND/OR REGIONAL EXPERTS FROM VARIOUS ORGANIZATIONS. THESE EXPERTS INCLUDED INDIVIDUAL S FROM THE PUBLIC HEALTH DEPARTMENT, COMMUNITY CLINIC MANAGERS, AND CLINICIANS. INTERVIEWS WERE CONDUCTED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR. AI ASKED INTERVIEWEE S: - WHAT ARE THE MOST IMPORTANT/PRESSING HEALTH NEEDS IN THE LOCAL AREA? - WHAT DRIVERS O R BARRIERS ARE IMPACTING THE TOP HEALTH NEEDS? - TO WHAT EXTENT IS HEALTHCARE ACCESS A NEE D IN THE COMMUNITY? - TO WHAT EXTENT IS MENTAL HEALTH A NEED IN THE COMMUNITY? - WHAT POLI CIES OR RESOURCES ARE NEEDED TO IMPACT HEALTH NEEDS? FOCUS GROUPS INPUT FROM PROFESSIONALS AND COMMUNITY LEADERS SEVEN F

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

Form and Line Reference	Explanation
REPORTING FACILITY: C, (1-2, 6, 10-11, & 16)	OCUS GROUPS WERE CONDUCTED FROM JULY TO SEPTEMBER 2018 WITH A TOTAL OF 54 PROFESSIONALS AN D COMMUNITY LEADERS. THE QUESTIONS WERE THE SAME AS THOSE USED WITH KEY INFORMANT INTERVIE WEES. INPUT FROM RESIDENTS AI CONDUCTED TWO RESIDENT FOCUS GROUPS WITH A TOTAL OF 36 RESID ENTS IN AUGUST AND SEPTEMBER 2018. THE DISCUSSIONS CENTERED AROUND THE SAME FIVE QUESTIONS ASKED OF THE KEY INFORMANT INTERVIEWEES, WHICH AI MODIFIED APPROPRIATELY FOR EACH AUDIENC E. NONPROFIT HOSTS SUCH AS YOUTH RADIO RECRUITED PARTICIPANTS FOR THE GROUPS. TO GIVE A VO ICE TO THE COMMUNITY, AND IN ALIGNMENT WITH IRS REGULATIONS, THE FOCUS GROUPS TARGETED RES IDENTS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY POPULATION. THE FINDING S FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN ABSMC'S CHNA ARE AVAILABLE AT HTTPS:// WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER DELTA MEDICAL CENTER (C, 6): IN CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), SUT TER DELTA MEDICAL CENTER (SDMC), A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S S ERVICE AREA (KEY INFORMANTS). ACTIONABLE INSIGHTS CONDUCTED THE PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT: KEY INFORMANT INTERVI EWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH PROFESSIONALS, AND FOCUS GROUPS WITH RESIDENTS. PRIMARY RESEARCH PROTOCOLS GENERATED BY AI IN COLLABORATION WITH THE HOSPITALS IN ALAMEDA AND CONTRA COSTA COUNTIES WERE BASED ON FACILITATED DISCUSSION AMONG THE HOSPITALS REPRES ENTATIVES ABOUT WHAT THEY WISHED TO LEARN DURING THE 2019 CHNA. THE HOSPITALS SOUGHT TO BU ILD UPON PRIOR CHNAS BY FOCUSING THE PRIMARY RESEARCH ON THE COMMUNITYS PERCEPTION OF MENT AL HEALTH (IDENTIFIED AS A MAJOR HEALTH NEED IN THE 2016 CHNA) AND THEIR EXPERIENCE WITH H EALTHCARE ACCESS AND DELIVERY (ALSO IDENTIFIED AS A MAJOR HEALTH NEED IN 2016). RELATIVELY LITTLE TIMELY QUANTITATIVE DATA EXIST ON THESE SUBJECTS. AI RECORDED EACH INTERVIEW AND F OCUS GROUP AS A STANDALONE PIECE OF DATA. RECORDINGS WERE TRANSCRIBED, AND THEN THE TEAM U SED QUALITATIVE RESEARCH SOFTWARE TOOLS TO ANALYZE THE TRANSCRIPTS FOR COMMON THEMES. AI A LSO TABULATED HOW MANY TIMES HEALTH NEEDS HAD BEEN PRIORITIZED BY EACH OF THE FOCUS GROUPS OR DESCRIBED AS A PRIORITY IN A KEY INFORMANT INTERVIEW. THE E-CCC HOSPITALS USED THIS TA BULATION TO HELP ASSESS COMMUNITY HEALTH PRIORITIES. THROUGH THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AI SOLICITED INPUT FROM 37 RESIDENTS AND 43 COMMUNITY LEADERS AND REPRES ENTATIVES. THE LEADERS AND REPRESENTATIVES WORKED EITHER IN THE HEALTH FIELD OR IN COMMUNI TY-BASED ORGANIZATIONS FOCUSED ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVI NG THOSE FROM IRS-IDENTIFIED HIGH-NEED POPULATIONS.19 CONTRA COSTA HEALTH SERVICES (THE PU BLIC HEALTH DEPARTMENT) FACILITATED THE FOCUS GROUPS AND PROVIDED INPUT INTO THE PROTOCOLS . KEY INFORMANT INTERVIEWS BET

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

Form and Line Reference	Explanation
REPORTING FACILITY: C, (1-2, 6, 10-11, & 16)	WEEN JUNE AND AUGUST 2018, AI CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERVIEWS WITH 16 LOCAL AND/OR REGIONAL EXPERTS FROM VARIOUS ORGANIZATIONS. THESE EXPERTS INCLUDED INDIV IDUALS FROM THE PUBLIC HEALTH DEPARTMENT, COMMUNITY CLINIC MANAGERS, AND CLINICIANS. INTER VIEWS WERE CONDUCTED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR. AI ASKED: - WHA T ARE THE MOST IMPORTANT/PRESSING HEALTH NEEDS IN THE LOCAL AREA? - WHAT DRIVERS OR BARRIE RS ARE IMPACTING THE TOP HEALTH NEEDS? - TO WHAT EXTENT IS HEALTHCARE ACCESS A NEED IN THE COMMUNITY? - TO WHAT EXTENT IS MENTAL HEALTH A NEED IN THE COMMUNITY? - WHAT POLICIES OR RESOURCES ARE NEEDED TO IMPACT HEALTH NEEDS? FOCUS GROUPS INPUT FROM PROFESSIONALS AND COM MUNITY LEADERS THREE FOCUS GROUPS WERE CONDUCTED WITH A TOTAL OF 27 PROFESSIONALS AND COMM UNITY LEADERS IN AUGUST AND SEPTEMBER 2018. THE QUESTIONS WERE THE SAME AS THOSE USED WITH KEY INFORMANT INTERVIEWEES. INPUT FROM RESIDENTS FOUR RESIDENT FOCUS GROUPS WERE CONDUCTE D WITH A TOTAL OF 37 RESIDENTS IN AUGUST AND SEPTEMBER 2018. THE DISCUSSIONS CENTERED AROU ND THE SAME FIVE QUESTIONS ASKED OF THE KEY INFORMANT INTERVIEWEES, WHICH AI MODIFIED APPR OPRIATELY FOR EACH AUDIENCE. NONPROFIT HOSTS SUCH AS LOAVES & FISHES RECRUITED PARTICIPANT S FOR THE GROUPS. TO PROVIDE A VOICE TO THE COMMUNITY, AND IN ALIGNMENT WITH IRS REGULATIO NS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR OF A MINORITY POPULATION. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTE R DELTA MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/C OMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6A ALTA BATES SUMMIT MEDICAL CE NTER (C, 1-2, 10-11, & 16) COMMUNITY BENEFIT MANAGERS FROM ALTA BATES SUMMIT MEDICAL CENTE R AND THREE OTHER HOSPITALS IN NORTHERN ALAMEDA COUNTY ("THE N-AC HOSPITALS") CONTRACTED W ITH ACTIONABLE INSIGHTS IN 2018 TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE HOSPITALS THAT PARTNERED WITH ALTA BATES SUMMIT MEDICAL CENTER IN NORTHERN ALAMEDA COU NTY WERE: - JOHN MUIR HEALTH - KAISER PERMANENTE-EAST BAY AREA (KAISER FOUNDATION HOSPITAL -OAKLAND) - UCSF BENIOFF CHILDRENS HOSPITAL OAKLAND SUTTER DELTA MEDICAL CENTER (C, 6) COM MUNITY BENEFIT MANAGERS FROM SUTTER DELTA MEDICAL CENTER AND TWO OTHER LOCAL HOSPITALS IN EASTERN CONTRA COSTA COUNTY ("THE E-CC HOSPITALS") CONTRACTED WITH ACTIONABLE INSIGHTS IN 2018 TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE HOSPITALS THAT PARTNERE D WITH SUTTER DELTA MEDICAL CENTER IN EASTERN CONTRA COSTA COUNTY WERE: - JOHN MUIR HEALTH - KAISER FOUNDATION HOSPITALANTIOCH SCHEDULE H, PART V, LINE 7A, 7B, 10A ALTA BATES SUMMI T MEDICAL CENTER (C, 1-2, 10-11, & 16): FILING ORGANIZATION WEBSITE: HTTP://WWW.ALTABATESS UMMIT.ORG/ABOUT/COMMUNITYBENEFIT/COMMUNITY-ASSESSMENT .HTML OTHER ORGANIZATION WEBSITE: HT TPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER DELTA ME DICAL CENTER (C, 6): FILING OR

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

Form and Line Reference	Explanation
REPORTING FACILITY: #7, EDEN MEDICAL CENTER	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 EDEN MEDICAL CENTER (REPORTING FACILITY #7): IN CONDUCTING ITS MOST RECENT CHNA, EDEN MEDICAL CENTER (EMC) DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT TH E BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITALS SERVICE AREA. ACTIONABLE INSIGHTS COND UCTED THE PRIMARY RESEARCH FOR THIS ASSESSMENT. AI USED THREE STRATEGIES FOR COLLECTING CO MMUNITY INPUT: KEY INFORMANT INTERVIEWS WITH HEALTH EXPERTS, FOCUS GROUPS WITH PROFESSIONA LS, AND FOCUS GROUPS WITH RESIDENTS. AI RECORDED EACH INTERVIEW AND FOCUS GROUP AS A STAND ALONE PIECE OF DATA. RECORDINGS WERE TRANSCRIBED, AND THEN THE TEAM USED QUALITATIVE RESEA RCH SOFTWARE TOOLS TO ANALYZE THE TRANSCRIPTS FOR COMMON THEMES. AI ALSO TABULATED HOW MAN Y TIMES HEALTH NEEDS HAD BEEN PRIORITIZED BY EACH OF THE FOCUS GROUPS OR DESCRIBED AS A PR IORITY IN KEY INFORMANT INTERVIEWS. THE SL/H HOSPITALS USED THIS TABULATION TO HELP ASSESS COMMUNITY HEALTH PRIORITIES. THROUGH THE KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AI SO LICITED INPUT FROM 34 RESIDENTS AND 39 COMMUNITY LEADERS AND REPRESENTATIVES OF VARIOUS OR GANIZATIONS AND SECTORS. THESE REPRESENTATIVES EITHER WORK IN THE HEALTHCARE FIELD OR IN C OMMUNITY-BASED ORGANIZATIONS FOCUSED ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED POPULATIONS. KEY INFORMANT INTERVIEWS BETWEEN JUNE AND AUGUST 2018, AI CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERVIEWS WITH 15 LOCAL AND/OR REGIONAL EXPERTS FROM VARIOUS ORGANIZATIONS. THESE EXPERTS INCLUDED INDIVIDUA LS FROM THE PUBLIC HEALTH DEPARTMENT, COMMUNITY CLINIC MANAGERS, AND CLINICIANS. INTERVIEW S WERE CONDUCTED IN PERSON OR BY TELEPHONE FOR APPROXIMATELY ONE HOUR. AI ASKED INFORMANTS : - WHAT ARE THE MOST IMPORTANT/PRESSING HEALTH NEEDS IN THE LOCAL AREA? - WHAT DRIVERS OR BARRIERS ARE IMPACTING THE TOP HEALTH NEEDS? - TO WHAT EXTENT IS HEALTHCARE ACCESS A NEED IN THE COMMUNITY? - TO WHAT EXTENT IS MENTAL HEALTH A NEED IN THE COMMUNITY? - WHAT POLIC IES OR RESOURCES ARE NEEDED TO IMPACT HEALTH NEEDS? FOCUS GROUPS INPUT FROM PROFESSIONALS AND COMMUNITY LEADERS FOUR FOCUS GROUPS WERE CONDUCTED WITH A TOTAL OF 24 PROFESSIONALS AN D COMMUNITY LEADERS IN AUGUST AND SEPTEMBER 2018. THE QUESTIONS WERE THE SAME AS THOSE USE D WITH KEY INFORMANT INTERVIEWEES. INPUT FROM RESIDENTS AI CONDUCTED THREE RESIDENT FOCUS GROUPS WITH A TOTAL OF 34 RESIDENTS IN JULY AND AUGUST 2018. THE DISCUSSIONS CENTERED AROU ND THE SAME FIVE QUESTIONS ASKED OF THE KEY INFORMANT INTERVIEWEES, WHICH AI MODIFIED APPR OPRIATELY FOR EACH AUDIENCE. NONPROFIT HOSTS SUCH AS LA FAMILIA COUNSELING RECRUITED PARTI CIPANTS FOR THE GROUPS. TO GIVE A VOICE TO THE COMMUNITY, AND IN ALIGNMENT WITH IRS REGULA TIONS, THE FOCUS GROUPS TARGETED RESIDENTS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR O F A MINORITY POPULATION. THE F

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

Form and Line Reference	Explanation
REPORTING FACILITY: #7, EDEN MEDICAL CENTER	INDINGS IN EDEN MEDICAL CENTERS CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6 EDEN MEDICAL CENTER (REPORTING FACILITY #7): COMMUNITY BENEFIT MANAGERS FROM EDEN MEDICAL CENTER AND FOUR OTHER HOSPITALS IN THE SAN LEANDRO/HAYWARD REGION ("THE SL/H HOSPITALS") CONTRACTED WITH ACTIONABLE INSIGHTS IN 2018 TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE HOSPITA LS THAT PARTNERED WITH EDEN MEDICAL CENTER IN THE SAN LEANDRO/HAYWARD REGION WERE: - KAISE R FOUNDATION HOSPITALSAN LEANDRO - ST. ROSE HOSPITAL - UCSF BENIOFF CHILDRENS HOSPITAL OAK LAND - WASHINGTON HOSPITAL HEALTHCARE SYSTEM SCHEDULE H, PART V, LINES 7A, 7B, 10A HOSPITA L FACILITY'S WEBSITE: EDEN MEDICAL CENTER (REPORTING FACILITY #7): HTTPS://WWW.SUTTERHEALTH.ORG/EDEN/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSE SSMENT OTHER WEBSITE: HTTPS://WWW.SUTT ERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T PART V, LINE 11 EDEN MEDICAL CENTER (REPORTING FACILITY #7): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT EDEN MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: - BEHAVIORAL HEALTH - ECONOMIC SECURITY - HOUSING AND HOMELESSNESS - HEALTHCARE ACCESS AND DELIVERY DESCRIPTIONS OF THE COMMUNITY BE NEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOS PITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. EDEN MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPAB ILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RAN GE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: - EDUCATI ON AND LITERACY - COMMUNITY AND FAMILY SAFETY - HEALTHY EATING/ACTIVE LIVING - TRANSPORTAT ION AND TRAFFIC - CLIMATE/NATURAL ENVIRONMENT EDEN MEDICAL CENTER WILL FOCUS ON THE TOP FI VE HEALTH NEEDS THAT WERE IDENTIFIED AND PRIORITIZED THROUGH THE 2019 COMMUNITY HEALTH NEE DS ASSESSMENT. THE DECISION TO NOT DIRECTLY ADDRESS THE REMAINING FOUR HEALTH NEEDS, LISTE D ABOVE, WAS BASED ON THE MAGNITUDE AND SCALE OF HEALTH NEEDS, RESOURCES AVAILABLE, AND CO MMITMENT TO DEVELOPING A FOCUSED STRATEGY IN RESPONSE TO THE NEEDS ASSESSMENT. SCHEDULE H, PART V, LINE 15E METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: EDEN MEDICAL CENTER (FACILITY #7): PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCI AL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTT ER HEALTH WEBSITE. SCHEDULE H, PART V, LINES 16A, 16B, & 16C EDEN MEDICAL CENTER (FACILITY #7): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WI DELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT: HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEF IT/FINANCIAL-ASSISTANCE.HTML S

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

Form and Line Reference	Explanation
REPORTING FACILITY: #7, EDEN MEDICAL CENTER	CHEDULE H, PART V, LINE 16J MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY: EDEN MEDICAL CENTER (FACILITY #7): THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONS IBILITY 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 INFO RMATION 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 FINA NCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABIL ITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNIT Y OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFOR MATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTE R HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCI AL ASSISTANCE. SCHEDULE H, PART V, LINE 22D AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: E DEN MEDICAL CENTER (FACILITY #7): THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELO W 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 G ENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINAN CIALLY 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 #9, SUTTER SANTA ROSA REGIONAL HOSPITAL	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 SUTTER SANTA ROSA REGIONAL HOSPITAL (REPORTING FACILITY #9): COMMUNITY INP UT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS THROUGH KEY INFORMANT INTERVIEWS, GR OUP INTERVIEWS, AND FOCUS GROUPS. INDIVIDUALS WITH THE KNOWLEDGE, INFORMATION, AND EXPERTI SE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE CONSULTED. THESE INDIVIDUALS INCLUDE D REPRESENTATIVES FROM HEALTH DEPARTMENTS, SCHOOL DISTRICTS, LOCAL NON-PROFITS, AND OTHER REGIONAL PUBLIC AND PRIVATE ORGANIZATIONS AS WELL AS COMMUNITY LEADERS, CLIENTS OF LOCAL S ERVICE PROVIDERS, AND OTHER INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AN D SUB-POPULATIONS THAT FACE UNIQUE BARRIERS TO HEALTH (E.G., RACE/ETHNIC MINORITY POPULATI ONS, INDIVIDUALS EXPERIENCING HOMELESSNESS). II. METHODOLOGY FOR COLLECTION AND INTERPRETA TION IN AN EFFORT TO INCLUDE A WIDE RANGE OF COMMUNITY VOICES FROM INDIVIDUALS WITH DIVERS E PERSPECTIVES AND EXPERIENCES AND THOSE WHO WORK WITH OR REPRESENT UNDERSERVED POPULATION S AND GEOGRAPHIC COMMUNITIES WITHIN THE SRRH SERVICE AREA, HARDER+COMPANY STAFF USED SEVER AL METHODS TO IDENTIFY COMMUNITIES FOR QUALITATIVE DATA COLLECTION ACTIVITIES IN BOTH ENGL ISH AND SPANISH. FIRST, HARDER+COMPANY STAFF REVIEWED THE PARTICIPANT LISTS FROM PREVIOUS CHNA REPORTS IN THE SAME SERVICE AREA. SECOND, THEY EXAMINED REPORTS PUBLISHED BY LOCAL 9 ORGANIZATIONS AND AGENCIES (E.G., COUNTY AND CITY PLANS, COMMUNITY-BASED ORGANIZATIONS) TO IDENTIFY ADDITIONAL HIGH-NEED COMMUNITIES. FINALLY, STAFF RESEARCHED LOCAL NEWS STORIES T O IDENTIFY EMERGING HEALTH NEEDS AND SOCIAL CONDITIONS AFFECTING COMMUNITY HEALTH THAT MAY NOT YET BE INDICATED IN SECONDARY DATA. IMPORTANTLY, THE INCLUSION OF SERVICE PROVIDERS (THROUGH KEY INFORMANTS AND PROVIDER GROUP INTERVIEWS) AND COMMUNITY MEMBERS (THROUGH FOCUS GROUPS) ALLOWED US TO IDENTIFY HEALTH NEEDS FROM THE PERSPECTIVES OF SERVICE DELIVERY GRO UPS AND BENEFICIARIES. HARDER+COMPANY CONDUCTED KEY INFORMANT INTERVIEWS OVER THE PHONE BY A SINGLE INTERVIEWER, WHILE PROVIDER GROUP INTERVIEWS AND COMMUNITY FOCUS GROUPS WERE IN PERSON AND COMPLETED BY BOTH A FACILITATOR AND NOTETAKER. WHEN RESPONDENTS GRANTED PERMISS ION, WE RECORDED AND TRANSCRIBED ALL INTERVIEWS. PRIMARY QUALITATIVE (I.E., COMMUNITY INPU T) DATA WAS ESSENTIAL FOR IDENTIFYING NEEDS THAT HAVE EMERGED SINCE THE PREVIOUS CHNA, SIN CE IN ORDER TO BE IDENTIFIED AS A POTENTIAL "HEALTH NEED" AN ISSUE HAD TO BE MENTIONED IN AT LEAST HALF OF THE QUALITATIVE DATA COLLECTION ACTIVITIES. HEALTH NEED IDENTIFICATION US ED QUALITATIVE DATA BASED ON THE NUMBER OF INTERVIEWEES OR GROUPS WHO REFERENCED EACH HEAL TH NEED AS A CONCERN, REGARDLESS OF THE NUMBER OF MENTIONS WITHIN EACH TRANSCRIPT. THE FIN DINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER SANTA ROSA REGIONAL HOSPITA L'S CHNA ARE AVAILABLE AT: HTT

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

Form and Line Reference	Explanation
REPORTING FACILITY #9, SUTTER SANTA ROSA REGIONAL HOSPITAL	PS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6A & 6B SUTTER SANTA ROSA REGIONAL HOSPITAL (REPORTING FACILITY #9): SUTTER SANTA ROSA REGIONAL HOSPITAL WORKED WITH BOTH HOSPITAL AND OTHER PARTNER ORGANIZATIONS WITH SIM ILAR SERVICE AREAS IN SONOMA COUNTY TO FORM THE SONOMA COUNTY CHNA COLLABORATIVE TO SUPPOR T THE 2018/19 CHNA. THIS GROUP DEVELOPED A COORDINATED APPROACH TO PRIMARY DATA COLLECTION , AND THEN DETERMINED THE LIST OF SIGNIFICANT HEALTH NEEDS BASED ON BOTH PRIMARY AND SECON DARY DATA ANALYSIS. SUTTER SANTA ROSA REGIONAL HOSPITAL THEN COORDINATED WITH THESE PARTNE RS TO ENGAGE A BROADER GROUP OF COMMUNITY STAKEHOLDERS TO PRIORITIZE THE IDENTIFIED HEALTH NEEDS (DESCRIBED IN SECTION VI-B). COLLABORATIVE HOSPITAL PARTNERS: - KAISER FOUNDATION H OSPITAL SANTA ROSA - ST. JOSEPH HEALTH SANTA ROSA MEMORIAL HOSPITAL - SUTTER HEALTH SANTA ROSA REGIONAL HOSPITAL ADDITIONAL PARTNERS: - SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES SCHEDULE H, PART V, LINE 7A, 7B, 10A CHNA AVAILABILITY ONLINE: SUTTER SANTA ROSA REGIONAL HOSPITAL (REPORTING FACILITY #9): - HOSPITAL FACILITY'S WEBSITE: HTTP://WWW.SUTTERSANTAROS A.ORG/RELATIONS/COMMUNITY-NEEDS-ASSESSMENT.HTML - OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH. ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 SUTTER SAN TA ROSA REGIONAL HOSPITAL (REPORTING FACILITY #9): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SA NTA ROSA REGIONAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. HOUS ING AND HOMELESSNESS 2. EDUCATION 3. ECONOMIC SECURITY 4. ACCESS TO CARE 5. CARDIOVASCULAR DISEASE, STROKE AND TOBACCO USE DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRE SS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER SANTA ROSA REGIONAL HOSPITAL IS COMMITTE D 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 COM MUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NE EDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: - MATERNAL AND CHI LD HEALTH, HEAL, VIOLENCE AND INJURY PREVENTION - ALTHOUGH SIGNIFICANT ISSUES FACING THE C OMMUNITY, IT IS NOT WITHIN THE SCOPE OF SERVICES FOR A HOSPITAL TO ADDRESS. THOUGH NOT MAJ OR PRIORITIES FOR SSRRH, WE HAVE AND WILL CONTINUE TO RESPOND TO MODEST REQUESTS FOR FUNDI NG TO SUPPORT PROGRAMS THAT ADDRESS THESE ISSUES. SCHEDULE H, PART V, LINE 15E METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FAC ILITY #9): PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL A SSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER H EALTH WEBSITE. SCHEDULE H, PAR

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

Form and Line Reference	Explanation
REPORTING FACILITY #9, SUTTER SANTA ROSA REGIONAL HOSPITAL	T V, LINES 16A, 16B, & 16C SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #9): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAI LABLE ON THE SUTTER HEALTH WEBSITE AT: HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/FINANC IAL-ASSISTANCE.HTML SCHEDULE H, PART V, LINE 16J SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSP ITAL FACILITY #9): MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY: T HE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERV ICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUA GE 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 UN INSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON A T THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLIC Y AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE P ROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZAT ION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER W ILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY P UBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZAT IONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF T HE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. SCHEDULE H, PART V, LINE 22D SUTTER SANTA ROSA REGIONAL HOSPITAL (HOSPITAL FACILITY #9): AMOUNTS CHARGED TO FAP-ELIGIBL E 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; HO WEVER, 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: #13, NOVATO COMMUNITY HOSPITAL	SCHEDULE H, PART V, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. SCHEDULE H, PART V, LINE 5 NOVATO COMMUNITY HOSPITAL (REPORTING FACILITY #13): IN CONDUCTING ITS MOST RECENT CHNA, NOVATO COMMUNITY HOSPITAL, A FACILITY OF SUTTER BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSP ITAL'S SERVICE AREA. COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS TH ROUGH KEY INFORMANT INTERVIEWS, GROUP INTERVIEWS, AND FOCUS GROUPS. INDIVIDUALS WITH THE K NOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE CO NSULTED. THESE INDIVIDUALS INCLUDED REPRESENTATIVES FROM HEALTH DEPARTMENTS, SCHOOL DISTRI CTS, LOCAL NON-PROFITS, AND OTHER REGIONAL PUBLIC AND PRIVATE ORGANIZATIONS AS WELL AS COM MUNITY LEADERS, CLIENTS OF LOCAL SERVICE PROVIDERS, AND OTHER INDIVIDUALS REPRESENTING MED ICALLY UNDERSERVED, LOW-INCOME, AND SUB-POPULATIONS THAT FACE UNIQUE BARRIERS TO HEALTH (E .G., RACE/ETHNIC MINORITY POPULATIONS, INDIVIDUALS EXPERIENCING HOMELESSNESS) IN AN EFFORT TO INCLUDE A WIDE RANGE OF COMMUNITY VOICES FROM INDIVIDUALS WITH DIVERSE PERSPECTIVES AN D EXPERIENCES AND THOSE WHO WORK WITH OR REPRESENT UNDERSERVED POPULATIONS AND GEOGRAPHIC COMMUNITIES WITHIN THE NCH SERVICE AREA, HARDER+COMPANY STAFF USED SEVERAL METHODS TO IDEN TIFY COMMUNITIES FOR QUALITATIVE DATA COLLECTION ACTIVITIES. FIRST, HARDER+COMPANY STAFF R EVIEWED THE PARTICIPANT LISTS FROM PREVIOUS CHNA REPORTS IN THE SAME SERVICE AREA. SECOND, THEY EXAMINED REPORTS PUBLISHED BY LOCAL ORGANIZATIONS AND AGENCIES (E.G., COUNTY AND CIT Y PLANS, COMMUNITY-BASED ORGANIZATIONS) TO IDENTIFY ADDITIONAL HIGH-NEED COMMUNITIES. FINA LLY, STAFF RESEARCHED LOCAL NEWS STORIES TO IDENTIFY EMERGING HEALTH NEEDS AND SOCIAL COND ITIONS AFFECTING COMMUNITY HEALTH THAT MAY NOT YET BE INDICATED IN SECONDARY DATA. IMPORTA NTLY, THE INCLUSION OF SERVICE PROVIDERS (THROUGH KEY INFORMANTS AND PROVIDER GROUP INTERV IEWS) AND COMMUNITY MEMBERS (THROUGH FOCUS GROUPS) ALLOWED US TO IDENTIFY HEALTH NEEDS FRO M THE PERSPECTIVES OF SERVICE DELIVERY GROUPS AND BENEFICIARIES. THE CONSULTING TEAM DEVEL OPED INTERVIEW AND FOCUS GROUP PROTOCOLS, WHICH THE CHNA COLLABORATIVE REVIEWED. PROTOCOLS WERE DESIGNED TO INQUIRE ABOUT HEALTH NEEDS IN THE COMMUNITY, AS WELL AS A BROAD RANGE OF SOCIAL DETERMINANTS OF HEALTH (I.E., SOCIAL, ECONOMIC, AND ENVIRONMENTAL), BEHAVIORAL, AN D CLINICAL CARE FACTORS. SOME OF THE IDENTIFIED FACTORS REPRESENTED BARRIERS TO CARE WHILE OTHERS IDENTIFIED SOLUTIONS OR RESOURCES TO IMPROVE COMMUNITY HEALTH. PARTICIPANTS WERE A LSO ASKED TO DESCRIBE ANY NEW OR EMERGING HEALTH ISSUES AND TO PRIORITIZE THE TOP HEALTH C ONCERNS IN THEIR COMMUNITY. HARDER+COMPANY CONDUCTED KEY INFORMANT INTERVIEWS OVER THE PHO NE BY A SINGLE INTERVIEWER, WHILE PROVIDER GROUP INTERVIEWS AND COMMUNITY FOCUS GROUPS WER E IN PERSON AND COMPLETED BY 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: #13, NOVATO COMMUNITY HOSPITAL	OTH A FACILITATOR AND NOTETAKER. WHEN RESPONDENTS GRANTED PERMISSION, WE RECORDED AND TRAN SCRIBED ALL INTERVIEWS. ALL QUALITATIVE DATA WERE CODED AND ANALYZED USING ATLAS.TI SOFTWA RE (GMBH, BERLIN, VERSION 7.5.18). A CODEBOOK WITH ROBUST DEFINITIONS WAS DEVELOPED TO COD E TRANSCRIPTS FOR INFORMATION RELATED TO EACH POTENTIAL HEALTH NEED, AS WELL AS TO IDENTIF Y COMMENTS RELATED TO SUBPOPULATIONS OR GEOGRAPHIC REGIONS DISPROPORTIONATELY AFFECTED; BA RRIERS TO CARE; EXISTING ASSETS OR RESOURCES; AND COMMUNITY-RECOMMENDED HEALTHCARE SOLUTIO NS. AT THE ONSET OF ANALYSIS, THREE INTERVIEW TRANSCRIPTS (ONE FROM EACH TYPE OF DATA COLL ECTION) WERE CODED BY ALL NINE HARDER+COMPANY TEAM MEMBERS TO ENSURE INTER-CODER RELIABILI TY AND MINIMIZE BIAS. FOLLOWING THE INTER-CODER RELIABILITY CHECK, THE CODEBOOK WAS FINALI ZED TO ELIMINATE REDUNDANCIES AND CAPTURE ALL EMERGING HEALTH ISSUES AND ASSOCIATED FACTOR S. ALL TRANSCRIPTS WERE ANALYZED ACCORDING TO THE FINALIZED CODEBOOK TO IDENTIFY HEALTH IS SUES MENTIONED BY INTERVIEW RESPONDENTS. IN COMPARISON TO SECONDARY (I.E., QUANTITATIVE) D ATA SOURCES, PRIMARY QUALITATIVE (I.E., COMMUNITY INPUT) DATA WAS ESSENTIAL FOR IDENTIFYIN G NEEDS THAT HAVE EMERGED SINCE THE PREVIOUS CHNA. HEALTH NEED IDENTIFICATION USED QUALITA TIVE DATA BASED ON THE NUMBER OF INTERVIEWEES OR GROUPS WHO REFERENCED EACH HEALTH NEED AS A CONCERN, REGARDLESS OF THE NUMBER OF MENTIONS WITHIN EACH TRANSCRIPT. FOR ANY PRIMARY D ATA COLLECTION ACTIVITIES CONDUCTED IN SPANISH, BILINGUAL STAFF FROM THE HARDER+COMPANY TE AM FACILITATED AND TOOK NOTES. ALL RECORDINGS (IF GRANTED PERMISSION) WERE THEN TRANSCRIBE D, BUT NOT TRANSLATED INTO ENGLISH. BILINGUAL STAFF CODED THESE TRANSCRIPTS AND TRANSLATED ANY KEY FINDINGS OR REPRESENTATIVE QUOTES NEEDED FOR THE HEALTH NEED PROFILES. ADDITIONAL DETAILS ON KEY INFORMANTS, COLLABORATIVE PARTNERS AND FOCUS GROUPS CAN BE FOUND IN NOVATO COMMUNITY HOSPITAL'S CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-N EEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6A & 6B NOVATO COMMUNITY HOSPITAL (REPORTING FAC ILITY #13): NOVATO COMMUNITY HOSPITAL CONNECTED WITH BOTH HOSPITAL AND OTHER PARTNER ORGAN IZATIONS WITH SIMILAR SERVICE AREAS IN MARIN COUNTY TO SUPPORT THE CHNA. IN MARIN COUNTY, MANY OF THESE PARTNERS WERE ALREADY ENGAGED IN A COLLABORATIVE, THE HEALTHY MARIN PARTNERS HIP (HMP), WHICH WAS FORMED IN 1995 AS A RESULT OF WORKING TOGETHER ON PRIOR CHNAS. THIS G ROUP DEVELOPED A COORDINATED APPROACH TO PRIMARY DATA COLLECTION, AND THEN DETERMINED THE LIST OF SIGNIFICANT HEALTH NEEDS BASED ON BOTH PRIMARY AND SECONDARY DATA. NCH THEN ORGANI ZED WITH THESE PARTNERS TO ENGAGE A BROADER GROUP OF COMMUNITY STAKEHOLDERS TO PRIORITIZE THE IDENTIFIED HEALTH NEEDS (DESCRIBED IN SECTION VI-B). COLLABORATIVE HOSPITAL PARTNERS: - KAISER FOUNDATION HOSPITAL SAN RAFAEL - MARIN GENERAL HOSPITAL - SUTTER HEALTH NOVATO CO MMUNITY HOSPITAL ADDITIONAL PARTNERS: - MARIN COUNTY HEALTH AND HUMAN SERVICES - HEALTHY M ARIN PARTNERSHIP HOSPITAL COUN

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: #13, NOVATO COMMUNITY HOSPITAL	CIL OF NORTHERN AND CENTRAL CALIFORNIA - NORTHBAY LEADERSHIP COUNCIL - MARIN COUNTY OFFICE OF EDUCATION - MARIN COMMUNITY FOUNDATION - SAN RAFAEL CHAMBER OF COMMERCE SCHEDULE H, PA RT V, LINE 7A, 7B, 10A CHNA AVAILABILITY ONLINE: NOVATO COMMUNITY HOSPITAL (HOSPITAL FACIL ITY #13): - HOSPITAL FACILITY'S WEBSITE: HTTP://WWW.NOVATOCOMMUNITY.ORG/ABOUT/COMMUNITY-NE EDS-ASSESSMENT.HTML - OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-H EALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 11 NOVATO COMMUNITY HOSPITAL (REPORTING F ACILITY #13): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT NOVATO COMMUNITY HOSPITAL INTENDS TO ADDRESS T HROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO CARE 2. VIOLENCE AND INJURY PREVENTION DE SCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS C AN BE FOUND IN PART VI, ALONG WITH OTHER CRITICAL EFFORTS ON BEHALF OF NOVATO COMMUNITY HO SPITAL. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. NOVATO C OMMUNITY 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 T O PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FO LLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS A SSESSMENT: 1. ECONOMIC SECURITY 2. EDUCATION 3. MENTAL HEALTH/SUBSTANCE ABUSE 4. ACCESS TO CARE 5. HOUSING/HOMELESSNESS 6. HEAL 7. MATERNAL/INFANT HEALTH 8. VIOLENCE/INJURY PREVENT ION 9. ORAL HEALTH 10. SOCIAL CONNECTION SCHEDULE H, PART V, LINE 15E NOVATO COMMUNITY HOS PITAL (REPORTING FACILITY #13): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIEN TS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERS ON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. SC HEDULE H, PART V, LINES 16A, 16B, & 16C NOVATO COMMUNITY HOSPITAL (REPORTING FACILITY #13) : THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT: HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/F INANCIAL-ASSISTANCE.HTML SCHEDULE H, PART V, LINE 16J NOVATO COMMUNITY HOSPITAL (REPORTING FACILITY #13): MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITALS SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQ UEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINS URED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT T HE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY A ND ASSIST WITH THE APPLICATION

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, LINE 3E	SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): THE SIGNIFICANT HEALTH NEEDS ARE A PRIO RITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUG H THE CHNA. SCHEDULE H, PART V, LINE 5 SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): IN CONDUCTING ITS MOST RECENT CHNA, SUTTER LAKESIDE HOSPITAL, A FACILITY OF SUTTER WEST BA Y HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. THE COMMUNITY INPUT-USING A WIDELY DISTRIBU TED SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS. THE SOURCE OF ALL THE FIGURES INCLU DED IN THIS SECTION IS THE LAKE COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY (2019), DESIGNED BY CONDUENT HCI AND DISSEMINATED BY THE PARTNER MEMBERS OF THE HOPE RISING LAKE COUNTY CO MMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE. A TOTAL OF 708 RESPONSES WERE COLLECTED. TH E SAMPLE SIZE MET THE CONDITIONS OF 95% CONFIDENCE INTERVAL AND HAD A MARGIN OF ERROR OF 3 .7%. THIS WAS A CONVENIENCE SAMPLE, WHICH MEANS RESULTS MAY BE VULNERABLE TO SELECTION BIA S. THE RESULTS ARE GENERALIZABLE TO THE POPULATION OF LAKE COUNTY. PROFILE OF SURVEY PARTI CIPANTS OF THE TOTAL SURVEY PARTICIPANTS, 98.8% (696) SPOKE IN ENGLISH AT HOME AND 8.1% (5 7) WERE SPANISH SPEAKERS. SURVEY PARTICIPANTS WERE MORE LIKELY TO BE FEMALE THAN MALE (78. 4% FEMALE VERSUS 20.4% MALE), HAVE ANNUAL HOUSEHOLD INCOMES ABOVE $50,000 (59.5%) AND HAVE 1-3 YEARS OF EDUCATION (42.5%). THE BULK OF THE SURVEY PARTICIPANTS WERE OF WHITE/CAUCASI AN (79.6%) WHILE THE REMAINDER WERE OF HISPANIC OR LATINO, AMERICAN INDIAN OR ALASKAN NATI VE, AND BLACK OR AFRICAN AMERICAN RACE/ETHNICITY (10.8%, 2.2%, AND 0.57% RESPECTIVELY). TH E SURVEY WAS ABLE TO REACH MOST OF THE AGE-GROUPS EQUALLY. FOUR DIFFERENT AGE GROUPS (25-3 4, 35-44, 45-54, AND 55-64) HAD NEARLY 20% REPRESENTATION IN THIS SURVEY WITH THE HIGHEST GROUP BEING 55-64 YEAR OLDS AT 22.2%. THIS IS IN KEEPING WITH THE AGE PROFILE OF THE COMMU NITY WHICH HAS AN OLDER MEDIAN AGE THAN THE STATE AVERAGE. THE TWO AGE GROUPS - 18-24 YEAR OLDS (4%) AND 75+ YEAR OLDS (2.4%) - CONSTITUTED THE REST OF THE PARTICIPANTS. REGARDING REGULAR HEALTHCARE, 73.3% OF THE SURVEY PARTICIPANTS HAVE A REGULAR PHYSICIAN; 12.26% DO N OT RECEIVE ROUTINE HEALTHCARE OR USE URGENT CARE OR EMERGENCY ROOMS (ER). MOST OF THE PART ICIPANTS HAVE INSURANCE COVERAGE; 93.9% PAY FOR HEALTH CARE WITH THEIR INSURANCE, 19.7% HA VE MEDI-CAL OR MEDICARE AND 6.61% PAY WITH CASH OR OTHER METHODS. OVER 80% OF THE PARTICIP ANTS HAD ACHIEVED AN EDUCATION LEVEL HIGHER THAN 1-3 YEARS AT COLLEGE. THE MOST HAD ATTEND ED SOME COLLEGE OR TECHNICAL SCHOOL IN THE PAST (42.6%), FOLLOWED BY GRADUATION WITH A COL LEGE DEGREE (AT 20.9%), OR AN ADVANCED DEGREE (AT 20.4%). THE REMAINING PARTICIPANTS INCLU DED THOSE WHO ONLY HAD A HIGH SCHOOL DIPLOMA OR GED (AT 13.8%), AND THOSE WHO HAD LESS THA N A HIGH SCHOOL EDUCATION, WHICH WAS LESS THAN 3%. ONE OF THE KEY OBJECTIVES OF THIS ASSES SMENT WAS TO ENGAGE THE COMMUN

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, LINE 3E	ITY, INCLUDING VULNERABLE POPULATIONS, PHYSICIANS, AND OTHER SERVICE PROVIDERS TO SHARE TH EIR PERCEPTIONS ON HEALTH NEEDS FOR LAKE COUNTY RESIDENTS. KEY INFORMANT INTERVIEWS AND FO CUS GROUP DISCUSSIONS HELPED TO DEVELOP A DEEPER UNDERSTANDING FOR THE REASONS BEHIND THE HEALTH DATA SEEN IN THE PREVIOUS SECTIONS. IT SERVED ALSO TO IDENTIFY THE HIGH PRIORITIES FOR LAKE COUNTY STAKEHOLDERS. IN THE CASE OF THE KEY INFORMANTS, THE INTERVIEWS TOUCHED UP ON MANY ISSUES THAT WERE SPECIFIC TO THEIR AREA OF WORK, ESPECIALLY WITH VULNERABLE POPULA TIONS, WHEREAS THE FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS FOCUSED ON AGE, RACE AND /OR GENDER ISSUES RELATED TO ACCESSING HEALTHCARE AND BARRIERS TO ACCESS. THE FINDINGS FRO M KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND SURVEY IN SUTTER LAKESIDE HOSPITAL'S CHNA AR E AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCHEDULE H, PART V, LINE 6A & 6B SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): HOPE RISING LAKE COUNTY IS AN ACCOUNTABLE COMMUNITY FOR HEALTH COLLABORATIVE THAT WAS ESTABLIS HED IN 2015. HOPE RISING LAKE COUNTYS VISION IS TO ENSURE THAT LAKE COUNTY IS A HEALTHY PL ACE FOR EVERY PERSON TO LIVE, LEARN, ENGAGE AND THRIVE. A FORMAL PARTNERSHIP OF FOURTEEN H EALTH AGENCIES - HEALTH SYSTEMS, COUNTY LEADERS, NON-PROFIT ORGANIZATIONS AND OTHER RELEVA NT ORGANIZATIONS OF LAKE COUNTY - THE PURPOSE OF HOPE RISING LAKE COUNTY IS TO MOBILIZE AN D INSPIRE COMMUNITY PARTNERSHIPS AND ACTIONS THAT SUPPORT INDIVIDUAL, COLLECTIVE AND COMMU NITY HEALTH. PARTNERING ORGANIZATIONS IN HOPE RISING LAKE COUNTY - ADVENTIST HEALTH CLEAR LAKE - COUNTY OF LAKE BOARD OF SUPERVISORS - LAKE COUNTY HEALTH DEPARTMENT - LAKE COUNTY O FFICE OF EDUCATION - LAKEVIEW HEALTH CENTER - NORTH COAST OPPORTUNITIES - REDWOOD COMMUNIT Y SERVICES - THE WAY TO WELLVILLE - COUNTY OF LAKE BEHAVIORAL HEALTH - DEPARTMENT OF SOCIA L SERVICES - MENDOCINO COUNTY HEALTH CLINIC - PARTNERSHIP HEALTH PLAN OF CALIFORNIA - SUTT ER LAKESIDE HOSPITAL - WOODLAND COMMUNITY COLLEGE SCHEDULE H, PART V, LINE 7A, 7B, 10A CHN A AVAILABILITY ONLINE: SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): - HOSPITAL FACIL ITY'S WEBSITE: HTTP://WWW.SUTTERLAKESIDE.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML - OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SCH EDULE H, PART V, LINE 11 SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT SUTTER LAKESIDE HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEG Y: 1. ADDRESS SUBSTANCE/DRUG ABUSE WITHIN THE COMMUNITY 2. PROVIDE COMMUNITY OUTREACH AND ENGAGEMENT FOR ALL HIGH BURDEN AND/OR DISENFRANCHISED COMMUNITIES 3. INCREASE OPPORTUNITIE S FOR CANCER PREVENTION AND SCREENINGS DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS A LL OF THE HEALTH NEEDS PRESENT

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, LINE 3E	IN ITS COMMUNITY. SUTTER LAKESIDE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHER ING 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 201 9 COMMUNITY HEALTH NEEDS ASSESSMENT: - HOUSING AND HOMELESSNESS SCHEDULE H, PART V, LINE 1 5E SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): METHOD FOR APPLYING FOR FINANCIAL AS SISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANC IAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUT TER HEALTH WEBSITE. SCHEDULE H, PART V, LINES 16A, 16B, & 16C SUTTER LAKESIDE HOSPITAL (HO SPITAL FACILITY #14): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAG E SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT: HTTP://WWW.SUTTERHEALTH.OR G/COMMUNITYBENEFIT/FINANCIAL-ASSISTANCE.HTML SCHEDULE H, PART V, LINE 16J SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): MEASURES USED TO PUBLICIZE THE FACILITYS FINANCIAL ASSI STANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF TH E HOSPITALS SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDE D A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDI NG THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIEN TS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PAT IENT 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 PA TIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUT TER 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 PR ACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS TH AT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFI LIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOT IFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. SCHEDULE H, P ART V, LINE 22D SUTTER LAKESIDE HOSPITAL (REPORTING FACILITY #14): AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRI TE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF TH E MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.50 1(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BIL LED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPO NSIBLE FOR MORE THAN THE AMOUN

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

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

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

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

	Name and address	Type of Facility (describe)
1	CPMC - BREAST HEALTH CENTER 3698 CALIFORNIA STREET SAN FRANCISCO, CA 94118	OUTPATIENT SERVICES - MAMMOGRAPHY
1	SUTTER LAKESIDE FAMILY MEDICAL CLINIC 5176 HILL ROAD EAST LAKEPORT, CA 95453	RURAL HEALTH CLINIC
2	SAN FRANCISCO ENDOSCOPY CENTER 3468 CALIFORNIA ST SAN FRANCISCO, CA 94118	OUTPATIENT SERVICES
3	CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET SUITE 103 SAN FRANCISCO, CA 94115	RAD/LAB/ULTRASOUND SERVICES
4	CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET SUITE 106 SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - LABORATORY/IMAGING
5	CPMC PACIFIC CAMPUS - STANFORD BUILDING 2351 CLAY STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
6	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET SUITE 114A SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - HEART TRANSPLANT CLINIC
7	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET 4TH FLOOR SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - LIVER, PANCREAS, KIDNEY TRANSPLANT CLINIC
8	CPMC PACIFIC CAMPUS - ANNEX BUILDING 2340 CLAY STREET 5TH FLOOR SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES OPTHAMOLOGY CLINIC
9	SUTTER SAME DAY CARE - SANTA ROSA 3883 AIRWAY DRIVE SUITE 300 SANTA ROSA, CA 95404	OUTPATIENT SERVICES
10	VAN NESS CAMPUS MEDICAL OFFICE BUILDING 1100 VAN NESS AVE SAN FRANCISCO, CA 94109	LAB/OUTPATIENT SERVICES
11	100 ROWLAND WAY CARE CENTER 100 ROWLAND WAY NOVATO, CA 94945	OUTPATIENT SERVICES
12	DIAGNOSTIC CENTER 165 ROWLAND WAY NOVATO, CA 94945	OUTPATIENT SERVICES - LABORATORY
13	OAKLAND CARE CENTER 350 30TH STREET OAKLAND, CA 94609	OUTPATIENT SERVICES
14	CPMC DAVIES CAMPUS - SOUTH TOWER 45 CASTRO STREET SAN FRANCISCO, CA 94114	AMBULATORY CARE CENTER

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

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

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

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

	Name and address	Type of Facility (describe)
16	CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES - PT, OT & CARDIAC REHAB
1	IMAGING SERVICES 1375 SUTTER STREET SAN FRANCISCO, CA 94119	OUTPATIENT SERVICES
2	MONTEAGLE MEDICAL CENTER 1580 VALENCIA STREET SAN FRANCISCO, CA 94110	OUTPATIENT SERVICES
3	KALMANOVITZ CHILD DEVELOPMENT CENTER 1625 VAN NESS AVE SAN FRANCISCO, CA 94109	OUTPATIENT SERVICES - CHILD DEVELOPMENT
4	SAN MATEO SATELLITE HAND THERAPY CLINIC 101 NORTH EL CAMINO SAN MATEO, CA 94401	OUTPATIENT SERVICES - HAND THERAPY
5	PRESIDIO SURGERY CENTER 1635 DIVISADERO STREET SUITE 200 SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
6	MILLS-PENINSULA SKILLED NURSING FACILITY 1609 TROUSDALE DRIVE BURLINGAME, CA 94010	SKILLED NURSING FACILITY
7	REHABILITATION SERVICES 14207 E 14TH STREET SAN LEANDRO, CA 94578	OUTPATIENT REHAB SERVICES
8	SAN LEANDRO SURGERY CENTER 15035 EAST 14TH STREET SAN LEANDRO, CA 94578	OUTPATIENT SERVICES
9	MENTAL HEALTH CENTER 2323 SACRAMENTO STREET SAN FRANCISCO, CA 94115	OUTPATIENT SERVICES
10	EDEN MEDICAL CENTER OUTPATIENT REHAB 1375 141ST AVENUE SAN LEANDRO, CA 94578	OUTPATIENT SERVICES
11	AMBULATORY CARE CLINIC 20126 STANTON AVENUE CASTRO VALLEY, CA 94546	OUTPATIENT SERVICES
12	SDMC OUTPATIENT SERVICES 3903 LONE TREE WAY ANTIOCH, CA 94509	PT/OT/SPEECH SERVICES
13	ABSMC INFANT CLINIC 3011 TELEGRAPH AVENUE BERKELEY, CA 94705	OUTPATIENT SERVICES
14	ABSMC CARDIAC REHAB 3030 TELEGRAPH AVENUE BERKELEY, CA 94705	OUTPATIENT SERVICES

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

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

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

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

	Name and address	Type of Facility (describe)
31	ALTA BATES SUMMIT MEDICAL CENTER PT 5700 TELEGRAPH AVENUE BERKELEY, CA 94709	OUTPATIENT SERVICES
1	ABSMC RADIOLOGY 5730 TELEGRAPH AVENUE BERKELEY, CA 94709	OUTPATIENT SERVICES
2	LAFAYETTE WOMEN'S HEALTH CENTER 3595 MT DIABLO BLVD SUITE 350 LAFAYETTE, CA 94549	OUTPATIENT SERVICES
3	ABSMC BARIATRIC SURGERY 3012 SUMMIT STREET OAKLAND, CA 94609	OUTPATIENT SERVICES
4	SUMMIT CAMPUS CLINICAL LAB 350 HAWTHORNE AVE OAKLAND, CA 94609	LAB SERVICES
5	ALTA BATES SUMMIT MEDICAL CENTER 450 30TH STREET OAKLAND, CA 94609	OUTPATIENT/PEDIATRIC SERVICES, NUCLEAR MEDICINE
6	MAGNETIC IMAGING AFFILIATES 5730 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES
7	SURGERY CTR OF ALTA BATES SUMMIT MEDICAL 3875 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES
8	EYEMD LASER AND SURGERY CENTER 481 30TH STREET OAKLAND, CA 94609	OUTPATIENT SERVICES
9	MEDICAL CENTER MAGNETIC IMAGING 3000 TELEGRAPH AVENUE OAKLAND, CA 94609	OUTPATIENT SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 125

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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	2440		160,291		HOMELESS ASSISTANCE
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH CENTER NETWORK 101 CALLAN AVE STE 300 SAN LEANDRO, CA 94577	94-3253662	501(C)(3)	2,240,528				PROGRAM SUPPORT
LIFE LONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	1,361,057				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CTY OF SONOMA HLTH SVCS DEPT DHS PUB HLTH 1450 NEOTOMAS AVE STE 200 SANTA ROSA, CA 95405		GOVT	426,907				PROGRAM SUPPORT
SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	23-7416272	501(C)(3)	275,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY CLINIC CONSORTIUM 3720 BARRETT AVE RICHMOND, CA 94805	20-0782029	501(C)(3)	250,000				PROGRAM SUPPORT
HEALTHRIGHT 360 1563 MISSION ST SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	250,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST COUNTY HEALTH CENTERS INC PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	250,000				PROGRAM SUPPORT
SAN FRANCISCO MEDICAL CENTER 229 7TH ST SAN FRANCISCO, CA 94103	23-7304921	501(C)(3)	233,800				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH COUNTY COMM HLTH CTR INC 1885 BAY RD E PALO ALTO, CA 94303	94-3372130	501(C)(3)	200,000				PROGRAM SUPPORT
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	175,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY GATEPATH 350 TWIN DOLPHIN DR STE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	167,000				PROGRAM SUPPORT
SANTA CRUZ WOMENS HLTH CENTER 250 LOCUST ST SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	160,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHERN CALIFORNIA CENTER FOR WELL BEING 101 BROOKWOOD AVE STE A SANTA ROSA, CA 95404	93-1144835	501(C)(3)	151,165				PROGRAM SUPPORT
SALUD PARA LA GENTE 195 AVIATION WY STE 200 WATSONVILLE, CA 95076	94-2705747	501(C)(3)	135,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OAKLAND METROPOLITAN CHAMBER OF COMMERCE 475 14TH ST OAKLAND, CA 94612	94-0726580	501(C)(3)	130,000				PROGRAM SUPPORT
SAN FRANCISCO VILLAGE 3220 FULTON ST SAN FRANCISCO, CA 94118	26-1300020	501(C)(3)	116,540				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	110,000				PROGRAM SUPPORT
TIBURCIO VASQUEZ HEALTH CTR 33255 9TH ST UNION CITY, CA 94587	23-7118361	501(C)(3)	85,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPASS FAMILY SERVICES 37 GROVE ST SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	75,000				PROGRAM SUPPORT
CTY OF CONTRA COSTA HLTH HOUSING & HOMELESS 2400 BISSO LN STE D FLR 2 CONCORD, CA 94520		GOVT	75,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Peninsula Family Service 24 SECOND AVE SAN MATEO, CA 94401	94-1186169	501(C)(3)	75,000				PROGRAM SUPPORT
HOUSING MATTERS 115 CORAL ST STE B SANTA CRUZ, CA 95060	77-0126783	501(C)(3)	70,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ICA SAN FRANCISCO WORK STUDY 3625 24TH ST SAN FRANCISCO, CA 94110	26-4450576	501(C)(3)	68,000				PROGRAM SUPPORT
HLTH IMPROVEMENT PRTNRSHP OF SANTA CRUZ CTY 1800 GREEN HILLS RD STE 100 SCOTTS VALLEY, CA 95066	01-0826156	501(C)(3)	67,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTIOCH UNIFIED SCHOOL DISTRICT 510 G ST ANTIOCH, CA 94509	86-1134505	GOVT	60,000				PROGRAM SUPPORT
DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST SAN, CA 94577	94-3121699	501(C)(3)	60,000				PROGRAM SUPPORT

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

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YOUTH ALIVE 3300 ELM ST OAKLAND, CA 94609	94-3143254	501(C)(3)	58,884				PROGRAM SUPPORT
MISSION NEIGHBORHOOD HEALTH ASSOCIATES 165 CAPP ST SAN FRANCISCO, CA 94110	94-2284365	501(C)(3)	53,700				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY CENTER PROJECT OF SF 1800 MARKET ST SAN FRANCISCO, CA 94102	94-3236718	501(C)(3)	50,000				PROGRAM SUPPORT
ENCOMPASS COMMUNITY SERVICES 380 ENCINAL ST STE 200 SANTA CRUZ, CA 95060	23-7275290	501(C)(3)	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION HOSPICE OF SAN MATEO COUNTY 1670 S AMPHLETT BLVD STE 300 SAN MATEO, CA 94402	94-2567162	501(C)(3)	50,000				PROGRAM SUPPORT
SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIR SANTA ROSA, CA 95403	68-0365296	501(C)(3)	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SILICON VALLEY COMMUNITY FNDT 2440 W EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	50,000				PROGRAM SUPPORT
CAMINAR 2600 SO EL CAMINO REAL STE 200 SAN MATEO, CA 94403	94-1639389	501(C)(3)	45,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION ACCESS 1119 MARKET ST STE 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	40,000				PROGRAM SUPPORT
COMMUNITY OVERCOMING RELATIONSHIP ABUSE PO BOX 4245 BURLINGAME, CA 94011	94-2481188	501(C)(3)	40,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	40,000				PROGRAM SUPPORT
CENTRAL COUNTY FIRE DEPARTMENT 1388 ROLLINS ROAD BURLINGAME, CA 94010	94-1657348	GOVT		34,313	FMV	ECPR EQUIPMENT	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF SANTA CRUZ CNTY 4450 CAPITOLA RD STE 106 CAPITOLA, CA 95010	94-1422471	501(C)(3)	62,222				PROGRAM SUPPORT
MENDOCINO COLLEGE FOUNDATION INC 1000 HENSLEY CREEK RD UKIAH, CA 95482	68-0040876	501(C)(3)	31,625				PROGRAM SUPPORT

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

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PRTNRS & ADVOCATES - REMARKABLE CHILDREN 800 AIRPORT BLVD STE 320 BURLINGAME, CA 94010	94-1650851	501(C)(3)	31,000				PROGRAM SUPPORT
COMMUNITY BRIDGES 236 SANTA CRUZ AVE APTOS, CA 95003	94-2460211	501(C)(3)	30,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	30,000				PROGRAM SUPPORT
RESTORE WOMENS WELLNESS CTR 303 W JOAQUIN AVE STE 110 SAN LEANDRO, CA 94577	46-3445121	501(C)(3)	30,000				PROGRAM SUPPORT

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

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SAFE AND SOUND 1757 WALLER ST SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	30,000				PROGRAM SUPPORT
UNIVERSITY OF HAWAII FNDT 2444 DOLE ST STE 105 HONOLULU, HI 96822	99-0085260	501(C)(3)	30,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BUILDING OPPORTUNITIES FOR SELF SUFFICIENCY 1918 UNIVERSITY AVE STE 2A BERKELEY, CA 94704	51-0173390	501(C)(3)	27,000				PROGRAM SUPPORT
ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538	94-3087060	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO, CA 94133	94-3164091	501(C)(3)	25,000				PROGRAM SUPPORT
ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST 4TH FLR SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)	25,000				PROGRAM SUPPORT

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

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BAY AREA CANCER CONNECTIONS 2335 EL CAMINO REAL PALO ALTO, CA 94306	77-0417605	501(C)(3)	25,000				PROGRAM SUPPORT
BURLINGAME CHAMBER OF COMMERCE 417 CALIFORNIA DR BURLINGAME, CA 94010	94-1073698	501(C)(6)	25,000				PROGRAM SUPPORT

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

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CASTRO VALLEY UNIFIED SCHOOL - PERFORM ARTS 25118 CENTURY OAKS CIR CASTRO VALLEY, CA 94552	94-1694282	GOVT	25,000				PROGRAM SUPPORT
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DE MARILLAC ACADEMY 175 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-3390330	501(C)(3)	25,000				PROGRAM SUPPORT
CONTRA COSTA CTY SCTY-ST VINCENT DEPAUL 2210 GLADSTONE DR PITTSBURG, CA 94565	94-1448577	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST BAY ASIAN LOCAL DEVELOPMENT CORP 1825 SAN PABLO AVE STE 200 OAKLAND, CA 94612	51-0171851	501(C)(3)	25,000				PROGRAM SUPPORT
EPISCOPAL COMMUNITY SERVICES 165 8TH ST 3RD FL SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	25,000				PROGRAM SUPPORT

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

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HORIZON SERVICES INC PO BOX 4217 HAYWARD, CA 94540	94-2365021	501(C)(3)	25,000				PROGRAM SUPPORT
JEFFERSON HIGH SCHOOL 6996 MISSION ST DALY CITY, CA 94014	94-3083772	GOVT	25,000				PROGRAM SUPPORT

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

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KIMOCHI INC 1715 BUCHANAN ST SAN FRANCISCO, CA 94115	23-7117402	501(C)(3)	25,000				PROGRAM SUPPORT
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY ST MARTINEZ, CA 94553	68-0018077	501(C)(3)	25,000				PROGRAM SUPPORT

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MAITRI COMPASSIONATE CARE 401 DUBOCE AVE SAN FRANCISCO, CA 94117	94-3189198	501(C)(3)	25,000				PROGRAM SUPPORT
OPPORTUNITY JUNCTION 3102 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0459131	501(C)(3)	25,000				PROGRAM SUPPORT

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

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PACIFIC CTR FOR HUMAN GROWTH 2712 TELEGRAPH AVE BERKELEY, CA 94705	94-2287492	501(C)(3)	25,000				PROGRAM SUPPORT
PORTOLA FAMILY CONNECTIONS 2565 SAN BRUNO AVE SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	25,000				PROGRAM SUPPORT

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

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SHANTI PROJECT 730 POLK ST SAN FRANCISCO, CA 94109	94-2297147	501(C)(3)	25,000				PROGRAM SUPPORT
CASA OF SAN MATEO COUNTY 1515 SO EL CAMINO REAL STE 201 SAN MATEO, CA 94402	04-3849393	501(C)(3)	20,000				PROGRAM SUPPORT

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

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EDGEWOOD CENTER FOR CHILDREN AND FAMILIES 1801 VICENTE ST SAN FRANCISCO, CA 94116	94-1186168	501(C)(3)	20,000				PROGRAM SUPPORT
ELDER CARE ALLIANCE 1301 MARINA VILLAGE PKWY STE 210 ALAMEDA, CA 94501	94-3260975	501(C)(3)	20,000				PROGRAM SUPPORT

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

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MONARCH SERVICES SERVICIOS MONARCA 233 E LAKE AVE WATSONVILLE, CA 95076	94-2462783	501(C)(3)	20,000				PROGRAM SUPPORT
NOTRE DAME DE NAMUR UNIVERSITY 1500 RALSTON AVE BELMONT, CA 94002	94-1156646	501(C)(3)	20,000				PROGRAM SUPPORT

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

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PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	20,000				PROGRAM SUPPORT
SANTA CRUZ LESBIAN AND GAY COMMUNITY CENTER PO BOX 8280 SANTA CRUZ, CA 95061	77-0212967	501(C)(3)	20,000				PROGRAM SUPPORT

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SIENA HOUSE MATERNITY HOME - SANTA CRUZ CTY 108 HIGH ST SANTA CRUZ, CA 95060	77-0518866	501(C)(3)	20,000				PROGRAM SUPPORT
SONRISAS DENTAL HEALTH INC 430 NO EL CAMINO REAL SAN MATEO, CA 94401	94-3390196	501(C)(3)	20,000				PROGRAM SUPPORT

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HOMEWARD BOUND OF MARIN 1385 NO HAMILTON PKWY NOVATO, CA 94949	68-0011405	501(C)(3)	19,873				PROGRAM SUPPORT
HUCKLEBERRY YOUTH PROGRAMS INC 3310 GEARY BLVD SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	15,500				PROGRAM SUPPORT

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ALAMEDA CTY DEPUTY SHERIFF ACTIVITY LEAGUE 16378 E 14TH ST STE 204 SAN LEANDRO, CA 94578	83-0410537	501(C)(3)	15,000				PROGRAM SUPPORT
ALAMEDA POINT COLLABORATIVE 677 W RANGER AVE ALAMEDA, CA 94501	94-3361464	501(C)(3)	15,000				PROGRAM SUPPORT

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BERKELEY YOUTH ALTERNATIVES 1255 ALLSTON WY BERKELEY, CA 94702	94-1711728	501(C)(3)	15,000				PROGRAM SUPPORT
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	15,000				PROGRAM SUPPORT

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

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CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DR APTOS, CA 95003	94-6121953	501(C)(3)	15,000				PROGRAM SUPPORT
EXTENDED CHILD CARE COALITION OF SONOMA CTY 1745 COPPERHILL PKWY STE 5 SANTA ROSA, CA 95403	94-2526630	501(C)(3)	15,000				PROGRAM SUPPORT

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

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HOMELESS PRENATAL PROGRAM INC 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	15,000				PROGRAM SUPPORT
JEWISH VOC & CAREER COUNSELING SERVICE 17 GEARY ST STE 401 SAN FRANCISCO, CA 94108	94-2213100	501(C)(3)	15,000				PROGRAM SUPPORT

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

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ON LOK INC 1333 BUSH ST SAN FRANCISCO, CA 94109	94-3101464	501(C)(3)	15,000				PROGRAM SUPPORT
PAJARO VALLEY SHELTER SERVICES 115 BRENNAN ST WATSONVILLE, CA 95076	94-1393418	501(C)(3)	15,000				PROGRAM SUPPORT

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

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SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1 HALLIDIE PLAZA STE 808 SAN FRANCISCO, CA 94102	94-3117093	501(C)(3)	15,000				PROGRAM SUPPORT
SELF HELP FOR THE ELDERLY 731 SANSOME ST STE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	15,000				PROGRAM SUPPORT

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

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SAN MATEO COUNTY MEDICAL ASSOC 777 MARINERS ISLAND BLVD STE 100 SAN MATEO, CA 94404	94-1121908	501(C)(3)	12,500				PROGRAM SUPPORT
FAMILY SERVICE AGENCY OF THE CENTRAL COAST 104 WALNUT AVE STE 208 SANTA CRUZ, CA 95060	94-1716354	501(C)(3)	12,375				PROGRAM SUPPORT

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HUMAN INVESTMENT PROJECT INC 369 SO RAILROAD AVE SAN MATEO, CA 94401	94-2154614	501(C)(3)	11,000				PROGRAM SUPPORT
SAN MATEO POLICE ACTIVITIES LEAGUE INC 200 FRANKLIN PKWY SAN MATEO, CA 94403	31-1593896	501(C)(3)	10,750				PROGRAM SUPPORT

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

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ARTS COUNCIL SANTA CRUZ COUNTY 7960 SOQUEL DR STE I APTOS, CA 95003	94-2600140	501(C)(3)	10,000				PROGRAM SUPPORT
CHINESE HOSPITAL MEDICAL STAFF 845 JACKSON ST SAN FRANCISCO, CA 94133	94-3165001	501(C)(3)	10,000				PROGRAM SUPPORT

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

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

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

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CONTRA COSTA FAMILY JUSTICE ALLIANCE 256 24TH ST RICHMOND, CA 94804	47-4082871	501(C)(3)	10,000				PROGRAM SUPPORT
EL CENTRO DE LIBERTAD 500 ALLERTON AVE 3RD FLR REDWOOD CITY, CA 94063	94-3189174	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS FOR YOUTH INC 1741 BROADWAY REDWOOD CITY, CA 94063	94-2961034	501(C)(3)	10,000				PROGRAM SUPPORT
HEAL PROJECT PO BOX 3051 HALF MOON BAY, CA 94019	27-0192940	501(C)(3)	10,000				PROGRAM SUPPORT

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

(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
HOME AND HOPE 1720 EL CAMINO REAL STE 7 BURLINGAME, CA 94010	94-3356735	501(C)(3)	10,000				PROGRAM SUPPORT
INDIVIDUALS NOW INC 2447 SUMMERFIELD RD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	501(C)(3)	10,000				PROGRAM SUPPORT
JDRF INTERNATIONAL 200 VESEY ST 28TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	10,000				PROGRAM SUPPORT

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

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LIFE STEPS FOUNDATION INC 5757 W CENTURY BLVD STE 880 LOS ANGELES, CA 90045	95-3909174	501(C)(3)	10,000				PROGRAM SUPPORT
NAACP - SAN FRANCISCO 1290 FILLMORE ST STE 109 SAN FRANCISCO, CA 94115	23-7177411	501(C)(4)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PACIFIC STROKE ASSOCIATION 3801 MIRANDA AVE BLDG 6 STE A162 PALO ALTO, CA 94304	77-0500631	501(C)(3)	10,000				PROGRAM SUPPORT
PEDIATRIC DENTAL INITIATIVE - NORTH COAST 1380 19TH HOLE DR WINDSOR, CA 95482	34-2012430	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROTACARE BAY AREA INC 514 VALLEY WY MILPITAS, CA 95035	77-0328723	501(C)(3)	10,000				PROGRAM SUPPORT
SAINT ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SF BAY AREA AFFILIATE OF SUSAN G KOMEN 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	94-3047626	501(C)(3)	10,000				PROGRAM SUPPORT
SAN FRANCISCO COMMUNITY CLINIC CORP 1550 BRYANT ST STE 450 SAN FRANCISCO, CA 94103	94-2897258	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH ST STE 2028 SAN FRANCISCO, CA 94110	94-3189424	501(C)(3)	10,000				PROGRAM SUPPORT
CITY OF SAN MATEO SAN MATEO SENIOR CENTER 2645 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403		GOVT	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN MATEO COUNTY HEALTH CENTER FOUNDATION 222 W 39TH AVE SAN MATEO, CA 94403	94-3116070	501(C)(3)	10,000				PROGRAM SUPPORT
SAN MATEO ROTARY FOUNDATION PO BOX 95 SAN MATEO, CA 94401	23-7101037	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STRIDES FOR LIFE FOUNDATION 1525 ROLLINS RD STE B BURLINGAME, CA 94010	13-4285830	501(C)(3)	10,000				PROGRAM SUPPORT
GUM MOON RESIDENCE HALL 940 WASHINGTON ST SAN FRANCISCO, CA 94108	94-1156357	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH COMMUNITY CTR OF SF 3200 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	7,500				PROGRAM SUPPORT
YOUNG MENS CHRISTIAN ASSN OF SAN FRANCISCO 360 18TH AVE SAN FRANCISCO, CA 94121	94-0997140	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FAMILY CHILDRENS SVC 2150 POST ST SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	7,200				PROGRAM SUPPORT
WESTSIDE COMMUNITY PARK 1350 BERRY ST LAKEPORT, CA 95453	68-0415643	501(C)(3)	6,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KELSEYVILLE UNITED METHODIST CHURCH 3810 MAIN ST KELSEYVILLE, CA 95451	34-6501028	501(C)(3)	6,000				PROGRAM SUPPORT
SUMMIT MEDICAL STAFF OF ABSMC 350 HAWTHORNE AVE STE 2282 OAKLAND, CA 94609	80-0676748	501(C)(3)	6,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUTTER BAY MEDICAL FOUNDATION 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-1156581	501(C)(3)	5,259,362				

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION: THE CEO OF THIS ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARM'S LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: ANNE BARR: $283,112 CHARLES PROSPER: $204,362 DORI STEVENS: $132,510 SCHEDULE J, PART I, LINE 4B NONQUALIFIED RETIREMENT PLAN: THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTHS OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN. SUTTERS PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES. THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS. TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN AWARD (COMMENSURATE WITH MANAGEMENT LEVEL). CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65. UNLIKE SUTTER HEALTHS QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTERS NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR: ANNE BARR: $ 42,436 KAREN HALL: $ 48,040 EDWARD BATTISTA: $ 18,858
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 15% OF GROSS ANNUAL SALARY. ANNUAL INCENTIVE PLAN (AIP): THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, OPERATING UNIT AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. LONG TERM PERFORMANCE PLANS: SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. SUTTERS LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS. SUTTER USES A COMMON FATE APPROACH IN THAT ALL LONG TERM PERFORMANCE PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE. ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO PAYMENT.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SARAH KREVANS Director/PRES & CEO SH	(i)	0	0	0	0	0	0	0
	(ii)	1,728,609	2,169,208	318,273	1,225,459	28,608	5,470,157	924,507
1JAMES CONFORTI SH SVP / COO, ASST SEC SBH	(i)	0	0	0	0	0	0	0
	(ii)	968,873	784,315	132,998	632,493	27,723	2,546,402	294,775
2JEFF GERARD SH SVP / STRATEGIC SRVCS & CSO	(i)	0	0	0	0	0	0	0
	(ii)	749,907	644,165	148,161	143,372	19,527	1,705,132	289,066
3WARREN BROWNER MD CEO, CPMC	(i)	0	0	0	0	0	0	0
	(ii)	643,289	640,650	99,476	238,049	20,944	1,642,408	184,051
4JULIE A PETRINI CEO, BAY AREA HOSPITALS	(i)	0	0	0	0	0	0	0
	(ii)	689,838	469,588	97,200	107,972	10,854	1,375,452	187,720
5GRANT DAVIES CEO, VALLEY AREA HOSPITALS	(i)	0	0	0	0	0	0	0
	(ii)	555,056	498,887	188,848	111,072	18,451	1,372,314	203,835
6JOHN GATES CFO, SH BAY AREA	(i)	0	0	0	0	0	0	0
	(ii)	682,646	355,132	68,562	115,572	18,799	1,240,711	137,828
7THERESA C GLUBKA CEO, SSCD	(i)	0	0	0	0	0	0	0
	(ii)	487,647	309,968	59,572	160,452	18,855	1,036,494	112,973
8JANET A WAGNER CEO, MPMC	(i)	0	0	0	0	0	0	0
	(ii)	468,788	280,291	66,900	167,416	20,719	1,004,114	133,983
9BRIAN ALEXANDER CEO, SRMC	(i)	0	0	0	0	0	0	0
	(ii)	474,314	235,492	60,678	152,411	22,434	945,329	94,096
10CYNTHIA LEE SH VP, STRGY & BUS DEV	(i)	0	0	0	0	0	0	0
	(ii)	469,240	236,354	74,296	82,660	25,768	888,318	122,081
11GERALD KOZAI CEO, ABSMC	(i)	0	0	0	0	0	0	0
	(ii)	532,083	81,316	17,499	230,761	18,382	880,041	0
12PENNY WESTFALL VP & CLO-SBH/SVH, SEC (PT YR)	(i)	0	0	0	0	0	0	0
	(ii)	476,170	253,975	51,197	85,785	10,254	877,381	91,204
13MICHAEL PURVIS CEO, SSRRH & NCH	(i)	0	0	0	0	0	0	0
	(ii)	411,638	257,909	56,475	60,872	20,585	807,479	101,185
14MAYNARD JENKINS III SH VP, HR SUPPORT FUNCTIONS	(i)	0	0	0	0	0	0	0
	(ii)	422,232	216,251	68,847	79,666	18,329	805,325	113,722
15ANNE BARR VP, INFO & OPS INTEGRATION, SH	(i)	0	0	0	0	0	0	0
	(ii)	84,191	239,349	410,732	45,335	9,042	788,649	58,881
16RAJIT HUNDAL CME, MPMC	(i)	0	0	0	0	0	0	0
	(ii)	466,509	170,698	71,498	49,572	25,524	783,801	96,214
17STEPHEN GRAY CEO, EMC(PT YR)/CAO, SMSC&BAY	(i)	0	0	0	0	0	0	0
	(ii)	377,210	173,031	57,070	134,291	29,658	771,260	83,534
18HENRY YU CFO HOSPT - WEST BAY	(i)	0	0	0	0	0	0	0
	(ii)	437,772	158,516	70,552	51,472	25,173	743,485	94,935
19VERNON GIANG CME, CPMC	(i)	0	0	0	0	0	0	0
	(ii)	440,358	152,404	67,005	48,172	18,261	726,200	92,148

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				
21KAREN HALL CLO, BAY, SECRETARY (PT YR)	(i)	0	0	0	0	0	0	0
	(ii)	182,768	234,044	194,462	53,911	11,218	676,403	127,948
1STEVEN R CUMMINGS EXEC DIR, SF COORDINATING CTR	(i)	631,708	0	4,944	18,872	20,753	676,277	0
	(ii)	0	0	0	0	0	0	0
2EDWARD BATTISTA VP, HR, NORTH BAY & EAST BAY	(i)	0	0	0	0	0	0	0
	(ii)	342,385	120,832	41,915	39,572	9,428	554,132	41,680
3RICHARD M DEITS STAFF PHYSICIAN, COMM CLINIC	(i)	481,944	0	0	18,872	25,878	526,694	0
	(ii)	0	0	0	0	0	0	0
4SAMAREH H RAD COORD, TRANSFER CENTER RN	(i)	468,427	500	0	18,872	25,878	513,677	0
	(ii)	0	0	0	0	0	0	0
5DERRICK J BARNES STAFF PHYSICIAN, COMM CLINIC	(i)	455,764	4,690	0	18,872	25,878	505,204	0
	(ii)	0	0	0	0	0	0	0
6TRACEY GAJDACS CLINICAL NURSE II	(i)	443,919	0	741	18,872	9,833	473,365	0
	(ii)	0	0	0	0	0	0	0
7CHARLES PROSPER FORMER CEO, ABSMC	(i)	0	0	0	0	0	0	0
	(ii)	0	0	204,362	0	0	204,362	0
8DORI STEVENS FRMR CEO, SUTTER DELTA MED CTR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	132,510	0	0	132,510	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	165,335,000	0	0	0
2	Amount of bonds legally defeased	118,730,000	0	0	0
3	Total proceeds of issue	329,041,638	472,888,501	334,684,174	497,601,233
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	472,888,501	145,589,174	497,601,233
11	Other spent proceeds	329,041,638	0	189,095,000	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2012		2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		2.640 %		0 %		4.100 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.120 %		0 %		0.070 %		0 %
6	Total of lines 4 and 5		2.760 %		0 %		4.170 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K REPORTING	THE ORGANIZATIONS SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION. THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET, AND PART VI HEREIN. WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE. SCHEDULE K, PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF: $99,134,554 FROM THE 2008A ISSUE, $470,318,145 FROM THE 2011B ISSUE, $271,768,116 FROM THE 2011D ISSUE, $187,683,000 FROM THE 2013A ISSUE, $9,161,337 FROM THE 2015A ISSUE, $550,000,605 FROM THE 2016A ISSUE, $629,448,648 FROM THE 2016B ISSUE, $100,000,000 FROM THE 2016C ISSUE, $15,870,248 FROM THE 2017A ISSUE, AND $699,997,776 FROM THE 2018A ISSUE.

Return Reference	Explanation
SCHEDULE K, PART I, CHFFA 2008A, COLUMN (F)	THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2002, 2004 AND 2007 ISSUES. THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 AND TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, 1991, 1992, AND 1995. THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION. THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987. SCHEDULE K, PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS. SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATIONS WERE PERFORMED FOR BOND CHFFA 2008A ON 6/20/2018; CHFFA 2011B ON 3/15/2016; AND CHFFA 2011D ON 1/13/2016.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

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

Part II Proceeds

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.120 %		0 %		0.860 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0.010 %		0 %
6	Total of lines 4 and 5		0.120 %		0 %		0.870 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

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

Part II Proceeds

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1.500 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.030 %		0.140 %				
6	Total of lines 4 and 5		1.530 %		0.140 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	JILL KACHER COBB, MD IS A DIRECTOR AND SHAREHOLDER OF EAST BAY ANESTHESIOLOGY MEDICAL GROUP. SBH CONTRACTS WITH THE MEDICAL GROUP THROUGH A PROFESSIONAL SERVICES AGREEMENT. DAVID BLACK IS THE MANAGING PARTNER AND CEO OF ALAMEDA ANESTHESIA ASSOCIATES MEDICAL GROUP. SBH CONTRACTS WITH THE MEDICAL GROUP THROUGH A PROFESSIONAL SERVICES AGREEMENT. ANTHONY WAGNER II IS THE SON OF BOARD CHAIR, ANTHONY WAGNER, AND IS EMPLOYED BY SBH AS AN HR BUSINESS PARTNER.

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	21,201,801	INDPNDT CONTRACTOR ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	14,915,063	INDPNDT CONTRACTOR ARRANGEMENT		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,076,703	INDPNDT CONTRACTOR ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,568,844	INDPNDT CONTRACTOR ARRANGEMENT		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,793,907	INDPNDT CONTRACTOR ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,762,759	INDPNDT CONTRACTOR ARRANGEMENT		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,274,358	INDPNDT CONTRACTOR ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	934,810	INDPNDT CONTRACTOR ARRANGEMENT		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	584,240	INDPNDT CONTRACTOR ARRANGEMENT		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	495,287	INDPNDT CONTRACTOR ARRANGEMENT		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(11) EAST BAY ANESTHESIOLOGY MED GROUP	SEE PART V	5,039,320	SEE PART V		No
(1) ALAMEDA ANESTHESIA ASSOC MED GROUP	SEE PART V	3,603,893	SEE PART V		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(13) ANTHONY WAGNER II	SEE PART V	105,226	SEE PART V		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317093280

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

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	3	125,677	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 ▶ (_____)				
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

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

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT: WE ENHANCE THE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES W E SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SE RVICES. FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS: SUTTER BAY HOSPITALS (SBH) IS A GROUP OF MEDICAL FACILITIES LOCATED IN THE GREATER BAY AREA AND CONSISTS OF CAL IFORNIA PACIFIC MEDICAL CENTER, EDEN MEDICAL CENTER, MILLS-PENINSULA MEDICAL CENTER, NOVAT O COMMUNITY HOSPITAL, SUTTER LAKESIDE HOSPITAL, SUTTER SANTA ROSA REGIONAL HOSPITAL, EDEN MEDICAL CENTER, ALTA BATES SUMMIT MEDICAL CENTER, AND SUTTER DELTA MEDICAL CENTER. SUTTER BAY HOSPITALS HAD A TOTAL OF 485,759 PATIENT DAYS IN 2019. CALIFORNIA PACIFIC MEDICAL CENT ER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NOT-FOR-PROFIT, TEACHING MEDICAL CENTERS IN CALIFORNIA. CPMC IS A TERTIARY REFERRAL CENTER PROVIDING ACCESS TO LEADING EDG E MEDICINE WHILE DELIVERING THE BEST POSSIBLE PERSONALIZED CARE. IT PROVIDES A WIDE VARIET Y OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE; HOSPICE SERVICES; PREVENTIVE AND COMPLEMENTARY CARE; AND HEALTH EDUCATION. CPMC COMPRISES FOUR OF THE OLDES T HOSPITALS IN SAN FRANCISCO. THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUND ED IN 1854 TO HELP SAN FRANCISCOS GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLO THING AND HEALTH CARE. THE PACIFIC CAMPUS WAS FOUNDED IN 1857 AND WAS THE FIRST MEDICAL SC HOOL IN THE AMERICAN WEST. THE CALIFORNIA CAMPUS WAS FOUNDED IN 1875 AS THE PACIFIC DISPEN SARY FOR WOMEN AND CHILDREN, A HOSPITAL RUN BY WOMEN, FOR WOMEN. IN AUGUST 2018, CPMC COMP LETED THE SEISMIC BUILD OF THE NEW MISSION BERNAL CAMPUS TO REPLACE THE FORMER FACILITY. T HE MISSION BERNAL CAMPUS FORMERLY ST. LUKES CAMPUS, WAS FORMED IN THE 1870S AND HAD BEEN P ROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 140 YEARS. IN MARCH OF 20 19, CPMC COMPLETED THE VAN NESS CAMPUS WHICH HAS REPLACED INPATIENT ACUTE CARE SERVICES FO R BOTH THE CALIFORNIA CAMPUS AND PACIFIC CAMPUS. NOW PROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS. TOGETHER THE VAN NESS, MISSION BERNAL DAVIES, AND PACIFIC CAMPUSES CO MPRISE CPMCS 635 LICENSED BEDS. EDEN MEDICAL CENTER (EMC) EDEN MEDICAL CENTER IS A STATE-O F-THE-ART FACILITY THAT REPLACED THE OLD EDEN MEDICAL CENTER IN DECEMBER 2012. EDEN MEDICA L CENTER BRINGS TOGETHER PATIENT-CENTERED CARE, TECHNOLOGY AND SOPHISTICATED DESIGN IN A L EED-CERTIFIED SUSTAINABLE AND SEISMICALLY-SAFE BUILDING. THE FACILITY HAS 130 PRIVATE PATI ENT ROOMS, WITH AN ADDITIONAL 34-BED UNIVERSAL CARE UNIT AND IS HOME TO THE SUTTER EAST BA Y NEUROSCIENCE INSTITUTE, A PRIMARY STROKE CENTER, THE REGIONAL LEVEL II TRAUMA CENTER FOR SOUTHERN ALAMEDA COUNTY, AND A WIDE RANGE OF CENTERS OF EXCELLENCE INCLUDING CANCER CARE, ADVANCED IMAGING SERVICES, REHABILITATION AND COMPLETE SURGICAL AND ACUTE-CARE SERVICES. OUR AWARD-WINNING HOSPITAL WAS RECENTLY NAMED A TOP PERFORMER IN KEY QUALITY MEASURES BY T HE JOINT COMMISSION, A DIAGNOS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	TIC IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, RECEIVED THE PLATIN UM AWARD FOR ORGAN DONOR REGISTRATION EFFORTS BY THE US DEPARTMENT OF HEALTH & HUMAN SERVI CES, AND GET WITH THE GUIDELINES STROKE GOLD, GOLD PLUS ELITE, ELITE PLUS TARGET AWARDS BY THE AMERICAN STROKE ASSOCIATION. EDEN ACHIEVED A FOUR STAR RATING FROM CMS BASED ON THE H OSPITALS OVERALL PERFORMANCE ON QUALITY MEASURES INCLUDING MORTALITY RATES, READMISSION RA TES, SAFETY OF CARE, EFFECTIVENESS OF CARE AND PATIENT EXPERIENCE EDEN ALSO WAS RECOGNIZED BY HEALTH GRADES AS ONE OF AMERICAS 100 BEST HOSPITALS, DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE, PATIENT SAFETY EXCELLENCE AWARD, WOMENS HEALTH EXCELLENCE AWARD, STRO KE CARE EXCELLENCE AWARD, CRITICAL CARE EXCELLENCE AWARD, NEUROSCIENCE EXCELLENCE AWARD AN D PULMONARY CARE EXCELLENCE AWARD. IN ADDITION, EDEN WAS RECOGNIZED BY THE AMERICAN DIABET ES ASSOCIATION IN THE AREA OF EDUCATION FOR OUR DIABETES SELF-MANAGEMENT PROGRAM. HEALTHGR ADES RECOGNIZED EDEN IN THE TOP 1% IN THE NATION FOR PROVIDING THE HIGHEST CLINICAL QUALIT Y YEAR OVER YEAR, AND TOP 100 BEST HOSPITALS FOR SUPERIOR CLINICAL OUTCOMES IN TREATING PU LMONARY EMBOLISM, RESPIRATORY SYSTEM FAILURE, SEPSIS, DIABETIC EMERGENCIES, AND STROKE. ED EN MEDICAL CENTER IS PART OF THE SUTTER HEALTH NETWORK OF CARE, A FAMILY OF DOCTORS, NOT-F OR-PROFIT HOSPITALS AND OTHER HEALTH CARE SERVICE PROVIDERS THAT JOIN RESOURCES AND SHARE EXPERTISE TO ADVANCE HEALTH CARE QUALITY AND ACCESS FOR PATIENTS IN MORE THAN 100 NORTHERN CALIFORNIA CITIES AND TOWNS. MILLS-PENINSULA MEDICAL CENTER (MPMC) WAS FOUNDED BY PROMINE NT CALIFORNIAN ELIZABETH MILLS REID, IN 1908 WITH JUST SIX BEDS. TO MEET THE GROWING NEEDS OF THE COMMUNITY, MILLS-PENINSULA OPENED A NEW 241-BED HOSPITAL IN 2011. LOCATED IN BURLI NGAME, THE 450,000 SQUARE FOOT GENERAL ACUTE CARE HOSPITAL FEATURES 24-HOUR EMERGENCY CARE , ALL PRIVATE PATIENT ROOMS, AND FAMILY SLEEPING ACCOMMODATIONS IN ALL MEDICAL/SURGICAL, O BSTETRIC, INTENSIVE CARE, AND NEONATAL INTENSIVE CARE ROOMS AND 60 PSYCHIATRIC BEDS. MPMC ALSO INCLUDES: - MILLS HEALTH CENTER IN SAN MATEO WHICH PROVIDES A WIDE RANGE OF OUTPATIEN T SERVICES, INCLUDING SURGERY, REHABILITATION AND DIAGNOSTICS. THE MILLS HEALTH CENTER IS ALSO HOME TO MILLS-PENINSULAS INPATIENT REHABILITATION PROGRAM. - MILLS-PENINSULA SENIOR F OCUS PROGRAM SERVING AS EDUCATOR, SERVICE PROVIDER, AND ADVOCATE FOR ELDERS BOTH IN THE HO SPITAL AND AT HOME IN THE COMMUNITY. OUR AWARD-WINNING HOSPITAL HAS BEEN RECOGNIZED BY THE FOLLOWING ORGANIZATIONS: - HEALTHGRADES AMERICA'S 50 BEST HOSPITALS. MILLS-PENINSULA IS I N THE TOP 1% OF HOSPITALS IN THE NATION FOR PROVIDING OVERALL CLINICAL EXCELLENCE ACROSS A BROAD SPECTRUM OF CONDITIONS AND PROCEDURES CONSISTENTLY FOR SIX OR MORE CONSECUTIVE YEAR S. ALSO RECOGNIZED AMONG AMERICAS 100 BEST FOR CARDIAC CARE, CRITICAL CARE, CORONARY INTER VENTION EXCELLENCE. - AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION. STROKE GOLD PLUS QUALITY ACHIEVEMENT AWAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	D, RECOGNIZING PERFORMANCE FOR 24 CONSECUTIVE MONTHS OR MORE, WITH TARGET STROKE HONOR ROL L FOR TIME TO THROMBOLYTIC THERAPY. - U.S. NEWS & WORLD REPORT AMONG THE TOP HOSPITALS IN NORTHERN CALIFORNIA METRO AREA. - AMERICAN COLLEGE OF SURGEONS NATIONAL SURGICAL QUALITY I MPROVEMENT PROGRAM MERITORIOUS STATUS FOR EXEMPLARY OUTCOMES FOR SURGICAL CARE IN THE HIGH -RISK CATEGORY. - FIVE STAR RATING FROM CMS EARNED FIVE STARS THE HIGHEST RANKING POSSIBLE FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). ONLY 8.87 PERCENT OF THE 4,586 HOSPITALS EVALUATED ACROSS THE U.S. RECEIVED A FIVE-STAR RATING. MENLO PARK SURGICAL HOSP ITAL - PALO ALTO MEDICAL FOUNDATIONS MENLO PARK SURGICAL HOSPITAL PROVIDES AN INTIMATE AND CARING ALTERNATIVE TO THE TRADITIONAL SURGICAL EXPERIENCE. OUR 16-BED ACUTE CARE SURGICAL FACILITY IS SITUATED IN THE HEART OF THE PENINSULA, SOUTH OF SAN FRANCISCO. OUR PATIENTS STAY IN SPACIOUS, PRIVATE SUITES THAT OFFER SPECIAL AMENITIES TO BOTH PATIENTS AND VISITOR S. IF PATIENTS WISH, THEY MAY HAVE A LOVED ONE STAY WITH THEM IN THEIR ROOM OVERNIGHT. MEN LO PARK SURGICAL HOSPITAL ACCOMMODATES BOTH INPATIENT AND OUTPATIENT PROCEDURES AND IS ACC REDITED BY THE JOINT COMMISSION. SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ OPENED IN 1996 AND OFFERS STATE-OF-THE-ART MATERNITY AND MEDICAL/SURGICAL SERVICES, COMBINING PAT IENT-CENTERED CARE AND FAMILY CONVENIENCE WITH THE SAFETY AND SECURITY OF A LICENSED AND A CCREDITED ACUTE CARE HOSPITAL. WITH 30 LICENSED BEDS, DOCTORS AND MIDWIVES STAFF OUR MATER NITY SERVICES. THE FACILITY HAS SIX OPERATING ROOMS, THREE PROCEDURE SUITES, 12 BIRTHING S UITES AND 16 MEDICAL/SURGICAL PATIENT SUITES. THE HOSPITAL IS FULLY ACCREDITED BY THE JOIN T COMMISSION. SUTTER MATERNITY & SURGERY CENTER HAS EARNED RECOGNITIONS THAT INCLUDE: - HU MAN RIGHTS CAMPAIGN 2019 LEADER IN LGBTQ HEALTHCARE EQUALITY - BABY-FRIENDLY HOSPITAL DESI GNATION: 2017 RE-CERTIFICATION BY THE WORLD HEALTH ORGANIZATION, UNITED NATIONS CHILDRENS FUND - THE JOINT COMMISSION PERINATAL CERTIFICATION AS A CENTER OF EXCELLENCE - AMERICAN S OCIETY OF GASTROENTEROLOGY UNIT RECOGNITION PROGRAM - CENTER OF EXCELLENCE IN ROBOTIC SURG ERY - CENTER OF EXCELLENCE IN MINIMALLY INVASIVE GYN SURGERY NOVATO COMMUNITY HOSPITAL (NC H) HAS SERVED THE NORTHERN MARIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961. NCH IS A 47 B ED ACUTE CARE HOSPITAL WHICH OPERATES A 24-HOUR EMERGENCY DEPARTMENT, INPATIENT/OUTPATIENT SURGERY, A CRITICAL CARE UNIT, IMAGING SERVICES, OUTPATIENT LABORATORY, PHYSICAL THERAPY AND IS NOTED FOR ITS ORTHOPEDIC SURGERY PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	SUTTER SANTA ROSA REGIONAL HOSPITAL (SSRRH), FORMERLY SUTTER MEDICAL CENTER SANTA ROSA, HA S A LONG HISTORY IN SONOMA COUNTY DATING BACK TO 1866 WHEN THE HOSPITAL FIRST OPENED. THE 84 BED STATE-OF-THE ART MEDICAL FACILITY OPENED IN 2014 WITH A FULL RANGE OF FIVE-STAR PER SONALIZED CARE SERVICES. SUTTER LAKESIDE HOSPITAL (LAKESIDE) IS A 25 BED CRITICAL ACCESS C ARE HOSPITAL AND IS ONE OF ONLY TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUN TY, CALIFORNIA. SUTTER LAKESIDE PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST -ACUTE AND OUTPATIENT HOSPITAL CARE; SURGICAL SERVICES; FAMILY BIRTH SERVICES; PREVENTIVE CARE; AND PRIMARY CARE THROUGH OUR CLINICS AND HEALTH EDUCATION. - FOUR STAR RATING FROM C MS THE HIGHEST RANKING POSSIBLE FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). ONLY A HANDFUL OF CALIFORNIA CRITICAL ACCESS HOSPITALS HAVE ACHIEVED THIS RATING. - NATIO NAL RECOGNITION FOR GLYCEMIC CONTROL FROM THE SOCIETY OF HOSPITAL MEDICINE IN 2019 - GET W ITH THE GUIDELINES SILVER STAR AWARD IN 2019 FOR CARDIAC CARE - RECERTIFICATION AS A PATIE NT CENTERED HOME SUTTER LAKESIDE CLINICS - CMQCC HONOR ROLL EXCEEDING HEALTHY PEOPLE GOAL FOR MATERNITY CARE 2019 - SUTTER HEALTH QUALITY AWARD WINNER IN 2019 ALTA BATES SUMMIT MED ICAL CENTER (ABSMC) IS LOCATED ON THREE CAMPUSES IN OAKLAND AND BERKELEY. IT IS LICENSED F OR 824 ACUTE CARE BEDS AND 68 PSYCH BEDS. ABSMC OPERATES MEDICAL CENTER MAGNETIC IMAGING, A FREESTANDING IMAGING CENTER, AND ALTA BATES PERINATAL CENTER. SPECIALTY HOSPITAL SERVICE S INCLUDE THE FOLLOWING: ACUTE REHABILITATION, BARIATRICS, BEHAVIORAL HEALTH, CARDIOVASCUL AR SURGERY, COMPREHENSIVE COMMUNITY CANCER CENTER, EAST BAY AIDS CLINIC, LEVEL III NICU. - FIVE STAR RATING FROM CMS THE HIGHEST RANKING POSSIBLE FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). ONLY 7.87 PERCENT OF THE 3,725 HOSPITALS EVALUATED ACROSS THE U.S . RECEIVED A FIVE-STAR RATING. - AMERICAN COLLEGE OF SURGEONS | MERITORIOUS AWARD FOR QUAL ITY OF SURGICAL CARE, NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (6 YEARS IN A ROW) - F OR TEN CONSECUTIVE YEARS, ALTA BATES SUMMIT HAS EARNED THE AMERICAN HEART ASSOCIATION/AMER ICAN STROKE ASSOCIATIONS (AHA/ASA) GET WITH THE GUIDELINES GOLD PLUS QUALITY ACHIEVEMENT A WARD. IN ADDITION, ALTA BATES SUMMIT ACHIEVED THE TARGET STROKE ELITE HONOR ROLL AWARD FOR THE QUICK TREATMENT OF STROKE PATIENTS WITH THE CLOT-BREAKING DRUG: TISSUE PLASMINOGEN AC TIVATOR, OR TPA. - HEALTHGRADES AMERICA'S 250 BEST HOSPITALS. ALTA BATES SUMMIT IS IN THE TOP 5% OF HOSPITALS IN THE NATION FOR PROVIDING OVERALL CLINICAL EXCELLENCE ACROSS A BROAD SPECTRUM OF CONDITIONS AND PROCEDURES CONSISTENTLY FOR SIX OR MORE CONSECUTIVE YEARS. - C ALIFORNIA HEALTH AND HUMAN SERVICES HONORED ALTA BATES SUMMIT AS BEING AMONG THE LOWEST CE SAREAN SECTION (C-SECTION) RATES IN THE STATE AND REDUCING C-SECTIONS FOR FIRST-TIME MOMS WITH LOW-RISK PREGNANCIES. - ALTA BATES SUMMITS ACUTE REHABILITATION PROGRAM RECEIVED A FU LL THREE YEAR CARF ACCREDITATI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	ON FOR OUR COMPREHENSIVE INPATIENT PROGRAM, STROKE SPECIALTY PROGRAM, BRAIN INJURY SPECIAL TY PROGRAM, SPINAL CORD INJURY SPECIALTY PROGRAM, AND CANCER REHABILITATION SPECIALTY PROG RAMS. - ORTHOPEDIC EXCELLENCE ALTA BATES SUMMITS ORTHOPEDIC PROGRAM RECEIVED A DISEASE SPE CIFIC JOINT COMMISSION ACCREDITATION AS A CENTER OF EXCELLENCE FOR HIP AND KNEE REPLACEMEN T AT BOTH ASHBY AND SUMMIT CAMPUSES. - ALTA BATES SUMMIT IS THE FIRST HOSPITAL IN NORTHERN CALIFORNIA TO BE DESIGNATED A ROBOTIC HERNIA MENTOR/CASE OBSERVATION SITE BY INTUITIVE SU RGICAL, MANUFACTURER OF DA VINCI. THE COMPANY NOW SENDS PHYSICIANS FROM AROUND THE COUNTRY TO ALTA BATES SUMMIT TO LEARN ADVANCED TECHNIQUES, AS WELL AS HOW TO RUN A SAFE, EFFICIEN T, PROFITABLE ROBOTICS PROGRAM. - ALTA BATES SUMMIT'S COMPREHENSIVE CANCER CENTER EARNED A THREE-YEAR ACCREDITATION FROM THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF S URGEONS. - U.S. NEWS & WORLD REPORT RECOGNIZED ALTA BATES SUMMIT FOR FOUR "HIGH-PERFORMING " SPECIALTIES: HEART BYPASS SURGERY, HEART FAILURE, COLON CANCER SURGERY, & ORTHOPEDICS. - ALTA BATES SUMMIT EARNED THE SOCIETY OF THORACIC SURGEONS (STS) PRESTIGIOUS 3 STAR RATING . THE 3 STAR RATING REPRESENTS THE HIGHEST AWARD FOR HEART SURGERY PRACTICES PARTICIPATING IN STS NATIONAL SPECIALTY DATABASE. - NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC)	ALTA BATES SUMMITS BREAST HEALTH PROGRAM EARNED A THREE-YEAR ACCREDITATION DESIGN ATION FROM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), A PROGRAM ADMINI STERED BY THE AMERICAN COLLEGE OF SURGEONS. SUTTER DELTA MEDICAL CENTER (SDMC) IS LOCATED IN ANTIOCH, CA. SDMC IS LICENSED FOR 145 ACUTE CARE BEDS AND IS A DESIGNATED STEMI RECEIVI NG CENTER. SPECIALTY HOSPITAL SERVICES INCLUDE BREAST HEALTH, WOUND CARE CENTER, ONCOLOGY, PAIN MANAGEMENT, NEONATAL ICU, DIABETES, HEART FAILURE AND COPD. SUTTER BAY HOSPITALS CLI NICAL PROGRAMS INCLUDE: - ARTHRITIS SUPPORT SERVICES PROGRAM - ASTHMA EDUCATION PROGRAM - ASTHMA MANAGEMENT RESOURCE CENTER - BREAST FEEDING CENTERS - BREAST FEEDING SUPPORT PROGRA M - BREAST HEALTH CENTERS - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANCER RECOVERY PROGRAMS - CARE TRANSITIONS NURSE PROGRAM AND ED NAVIGATOR PROGRAM - COMING HOME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY EVENT DONATIONS AND SPO NSORSHIPS - COMMUNITY HEALTH FAIRS AND EDUCATION - COMMUNITY HEALTH RESOURCE CENTER - COMP REHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRAM - DIABETES DISCHARGE PROGRAM (DDP) - DISABLE COMMUNITY HEALTH CLINIC - END-STAGE ORGAN FAILURE/TRANSPLANTATION PROGRAMS (HEART, KIDNEY, LIVER, PANCREAS) - EVERY WOMAN COUNTS/SAVE A LIFE SISTER - FORBES NORRIS MDA/ALDS CENTER - HAND CLINIC - HOSPITALIST PROGRAM - HEALTHY FAMILIES, MEDI CAL AND COUNTY ENROLL MENTS - HOSPITAL QUALITY ASSURANCE CHFT PLEDGE - INFANT FOLLOW-UP PROGRAM - INSTITUTE FOR HEALTH AND HEALING - IRENE SWINDELLS ALZHEIMER'S RESIDENTIAL CARE CENTER - LABOR AND DELIV ERY PARENT EDUCATION/CHILDBIRT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	H EDUCATION PROGRAM - LA CLINICAL PITTSBURG CLINIC - LIONS EYE CLINIC - LOW VISION REHABIL ITATION CENTER - NEONATAL TRANSPORT - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFIC VISION FOUNDATION - PALLIATIVE CARE PROGRAM - PHYSICAL AND OCCUPATIONAL THERAPY EDUCATIONAL PROGRAM - PSYCHIATRIC EVALUATION REIMBURSEMENT TO ON CALL PHYSICIAN - REHABILI TATION SERVICES (ACUTE AND OUTPATIENT) - REHAB CAREGIVERS SUPPORT GROUP - RESIDENCY TRAINI NG AND FELLOWSHIP PROGRAMS - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTITUTE (THE Y ARE INDEPENDENT OF CPMC.) - SPECIAL CARE NURSERY SUBSIDIZED SERVICE - SPECIAL CONNECTION S PROGRAM - STROKE SUPPORT GROUP PROGRAM - SUB-ACUTE CARE PROGRAM - SUPPORT AFTER NEONATAL DEATH (SAND) - TELEMEDICINE SERVICE (STROKE) - TELE-CARE PROGRAM - THE PARENT SHARE SUPPO RT PROGRAM - VISITING NURSES AND HOSPICE OF SAN FRANCISCO - VENTRICULAR ASSIST DEVICE (VAD) PROGRAM - WHITNEY NEWBORN ICU FOLLOW-UP CLINIC - WOMEN'S HEALTH PROGRAMS - WOMEN'S HEALT H RESOURCE CENTER CLINICAL SERVICE OFFERINGS INCLUDE: - AIDS & HIV SERVICES - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVICES - CARDIOVASCULAR SERVICES - CHRONIC DISEASE S ERVICES - CLINICAL LABORATORY - COMPLEMENTARY MEDICINE - COMPREHENSIVE STROKE SERVICES - C RITICAL CARE SERVICES - DIABETES SERVICES (ADULT & PEDIATRIC) - DIAGNOSTIC SERVICES/LABORA TORIES - DIALYSIS SERVICES - EMERGENCY SERVICES - EPILEPSY - GASTROENTEROLOGY DISEASE SERV ICES - HOME HEALTH & HOSPICE - INTERVENTIONAL ENDOSCOPY SERVICES - KALMONOVITZ CHILD DEVEL OPMENT CENTERS - MEDICAL TRANSPORT SERVICES - MICROSURGERY AND LIMB SALVAGE SERVICES - NEO NATAL INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOGY SURGERY - NUCLEAR MEDICINE - NUTRITION A ND WEIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OLDER ADULT SERVICE S - ONCOLOGY SERVICES - OPHTHALMOLOGY - ORGAN TRANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLO GY - OUTPATIENT CLINICS & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEPARTMENT - PEDIATRI C SPECIALTY SERVICES - PERIOPERATIVE SERVICES (OR AND POST-ANESTHESIA RECOVERY UNIT) - PHA RMACY - PHYSICAL MEDICINE & REHABILITATION SERVICES - PSYCHIATRY - RADIOLOGY & DIAGNOSTIC IMAGING - REHABILITATION SERVICES - RESPIRATORY CARE - SURGICAL SERVICES/AMBULATORY SURGER Y - URGENT CARE CENTER - WOUND CARE - WOMEN AND INFANT SERVICES - WOMEN'S SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	NON-CLINICAL SERVICES INCLUDE: - ABSMC NURSING EDUCATION - ADMINISTRATIVE SERVICES - CARE TRANSITIONS NURSE PROGRAM AND ED NAVIGATOR PROGRAM - CHAPLAINCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING MEDICAL EDUCATION - HEALTH MINISTRY PROGRAM - HEALTH SCIENCE LIBRARIES - INTERPRETER SERVICES - INTERIM CARE PROGRAM FOR HOMELESS - MPI - PATIENT ASSISTANCE FUND - PATIENT SERVICES - RESEARCH INSTITUTE - SURGICAL TRAINING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - SAMUEL MERRITT COLLEGE - SCHOLARSHIPS AND FUNDING FOR PROFESSIONAL EDUCATION - SUTTER LAKESIDE FOUNDATION - THUNDER ROAD - TRANSPORTATION - TUITION REIMBURSEMENT - YOUTH BRIDGE CAREER DEVELOPMENT PROGRAM COMMUNITY BENEFIT THE MEDICAL FACILITIES IN SUTTER BAY HOSPITALS (SBH) PLAY INTEGRAL ROLES IN PROVIDING DIRECT HEALTH CARE SERVICES AS WELL AS MONETARY GRANTS OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMMUNITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNITIES. THE COMMUNITY BENEFIT REPRESENTATIVES OF SBH WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS. WHILE SBH MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE FACILITIES MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED. IN FISCAL YEAR 2019, SUTTER BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF $489 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED: $7,431,208 COMMUNITY HEALTH IMPROVEMENT SERVICES, $31,085,724 IN HEALTH PROFESSIONALS EDUCATION, $31,656,112 SUBSIDIZED HEALTH SERVICES, $7,113,483 IN RESEARCH, $16,928,176 IN FINANCIAL AND IN-KIND CONTRIBUTIONS, $214,838 IN COMMUNITY BUILDING ACTIVITIES AND $2,153,347 IN COMMUNITY BENEFIT OPERATIONS, WHILE PROVIDING $64,226,688 IN FINANCIAL ASSISTANCE WITH MEANS-TESTED PROGRAMS OF $12,372,986 AND MEDICAID $315,939,523.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 & 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS: THIS CORPORATION IS AN AFFILIATE OF SUT TER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE M EMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS . FORM 990, PART VI, LINE 7B CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VO TING 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 TH E RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTOR S, SUBJECT TO THE PROVISIONS OF THE BYLAWS. IN ADDITION, THE MEMBER HAS THE RIGHT TO APPRO VE 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 CORPORA TION OR ANY SUBSIDIARY OR AFFILIATE ENTITY; C. ADOPTION OF OPERATING BUDGETS OF THE CORPOR ATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION; D. ADOPTION OF CAPIT AL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY; E. AGGREGATE OPERATIN G OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUD GETS 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 FI NANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS; AND PURCHASE, SALE, LEASE, DISPOSI TION, 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 ANN UAL 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 C ORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY; H. THE CREATION OR ACQUISITION OF ANY SU BSIDIARY OR AFFILIATE ENTITY; I. CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBS TANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION ORANY SUBSI DIARY 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 T IME DEFINE THE TERM "MAJOR" IN THIS CONTEXT; K. APPROVAL OF STRATEGIC PLANS OF THE CORPORA TION 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 & 7A	OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR. IN ADDITI ON, 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.

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. FORM 990, PART VI, LINE 12 PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST: EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION. IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. THE BOARD MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR (OR COMMITTEE CHAIR AS APPLICABLE) MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL LEAVE THE ROOM PRIOR TO THE BOARDS FINAL DISCUSSION AND VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION: THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIAS UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY ADJUSTMENTS MAY BE MADE. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL ANNUALLY, AND SUCH APPROVAL IS RECORDED IN THE MINUTES. THE 2019 EXECUTIVE COMPENSATION APPROVAL WAS COMPLETED IN FEBRURARY 2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	THE FOLLOWING BOARD MEMBERS OF THE ORGANIZATION ARE FULL-TIME EMPLOYEES (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARIES ARE REPORTED HEREIN. THESE INDIVIDUALS RECEIVE NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBERS OF THIS ORGANIZATION. - JAMES CONFORTI - SARAH KREVANS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE: EQUITY TRANSFERS (NET) $ 316,051,016 PARTNERSHIP INCOME BOOKED ON RETURN 25,537,188 K-1 ACTIVITY (25,697,803) NET ASSETS OF BETTER HEALTH EAST BAY FOUNDATION 70,584,116 OTHER CHANGES IN NET ASSETS 233,388 ---------- TOTAL $ 386,707,905 ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	NA	TRUST				Yes	
(2)NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPANY	CJ	NA	C CORP				Yes	
(3)HEALTH VENTURES INC 350 HAWTHORNE AVE OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	SUTTER BH	C CORP	1,986,669	4,343,709	100.000 %	Yes	
(4)LYXSOP SEGREGATED PORTFOLIO 1 PO BOX 10008 WILLOW HOUSE CRICKET SQUARE, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP				Yes	
(5)LYXSOP SEGREGATED PORTFOLIO 2 PO BOX 10008 WILLOW HOUSE CRICKET SQUARE, GRAND CAYMAN CJ	INVESTMENT	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.

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
450 30TH STREET STE 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	12C III-FI	NA		No
91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	Yes	
745 FORT STREET SUITE 1110 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	10	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 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SURG CTR OF ABSMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	SUTTER BH	RELATED	6,359,728	11,516,368		No	0	Yes		52.000 %
ALTA CT SERVICES LP 175 LENNON WALNUT CREEK, CA 94598 94-3083464	PATIENT CARE	CA	SUTTER BH					No	0			
CA PACIFIC ADV IMAG PO BOX 6102 NOVATO, CA 94598 56-2311840	MRI JOINT VENTURE	DE	SUTTER BH	RELATED	410,450	503,815		No	0	Yes		51.000 %
SF ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2160588	ENDOSCOPY JV	CA	SUTTER BH	RELATED	3,908,701	2,258,484		No	0	Yes		51.000 %
PRESIDIO SURG CNTR 1635 DIVISADERO SAN FRANCISCO, CA 94115 32-0144060	AMBULATORY SURG	CA	SUTTER BH	RELATED	11,378,555	0		No	0	Yes		0 %
SUTTER FAIRFIELD SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 30-0233892	SURGERY	CA	NA									
SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA									
ROSEVILLE ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 87-0710513	ENDOSCOPY JV	CA	NA									
STANISLAUS SURGICAL HOSPITAL LLC 1421 OAKDALE ROAD MODESTO, CA 95355 91-1754157	SURGERY	CA	NA									
MEMORIAL MEDICAL BUILDING 1 1800 COFFEE RD 76 MODESTO, CA 95355 77-0234236	OFFICE RENTAL	CA	NA									
MEMORIAL MEDICAL BUILDING 2 1800 COFFEE RD 76 MODESTO, CA 95355 77-0287288	N/A	CA	NA									
MAGNETIC IMAGING AFFILIATES LLC 2125 OAK GROVE ROAD WALNUT CREEK, CA 94598 47-3696091	PATIENT CARE	CA	SUTTER BH	RELATED	2,504,673	7,840,364		No	0	Yes		80.000 %
ASC OPERATORS - SANTA ROSA LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-3386169	N/A	CA	NA									
ASC OPERATORS - SAN LUIS OBISPO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-2673776	PATIENT CARE	CA	NA									
LA JOLLA ORTHOPEDIC SURGERY CENTER LLC 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4397467	OUTPATIENT SURG	CA	SOS									

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							Yes	No		Yes	No	
CARLSBAD SURGERY CENTER LLC 6121 PASEO DEL NORTE STE 100 CARLSBAD, CA 92011 20-1413484	OUTPATIENT SURG	CA	SOS									
COAST CTR FOR ORTHOPEDIC & ARTHROSCOPIC 3444 KEARNY VILLA ROAD SAN DIEGO, CA 92123 33-0839637	OUTPATIENT SURG	CA	SOS									
OTAY LAKES SURGERY CENTER LLC 955 LANE AVE SUITE 100 CHULA VISTA, CA 91914 20-0794766	OUTPATIENT SURG	CA	SOS									
ICG CREDIT OPPORTUNITIES FUND LP 11111 SANTA MONICA BLVD SUITE 2100 LOS ANGELES, CA 90025 81-4220441	INVESTMENTS	CA	NA									
MADISON INTERNATIONAL GLOBAL VALUE REAL 410 PARK AVENUE 10TH FLOOR NEW YORK, NY 10022 98-1310251	INVESTMENTS	NY	NA									
SAN FRANCISCO PEDIATRIC VENTURE LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4474910	PATIENT CARE	CA	SUTTER BH	RELATED	-850	0		No	0	Yes		50.000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	Q	3,907,372	FMV
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	13,740,218	FMV
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	K	8,291,047	FMV
CALIFORNIA PACIFIC ADVANCED IMAGING LLC	Q	142,447	FMV
CALIFORNIA PACIFIC ADVANCED IMAGING LLC	J	174,606	FMV
EAST BAY PERINATAL CENTER	R	1,907,927	FMV
EAST BAY PERINATAL CENTER	J	193,087	FMV
HEALTH VENTURES INC	Q	897,633	FMV
MAGNETIC IMAGING AFFILIATES LLC	J	733,488	FMV
MILLS PENINSULA HOSPITAL FOUNDATION	P	8,593,597	FMV
MILLS PENINSULA HOSPITAL FOUNDATION	C	3,438,953	FMV
MILLS PENINSULA HOSPITAL FOUNDATION	K	2,732,549	FMV
SAMUEL MERRITT UNIVERSITY	J	3,999,996	FMV
SAMUEL MERRITT UNIVERSITY	P	309,946	FMV
SAN FRANCISCO PEDIATRIC VENTURE LLC	Q	790,000	FMV
THE SURGERY CTR OF ALTA BATES SUMMIT MED CTR	J	675,242	FMV
SUTTER BAY MEDICAL FOUNDATION	P	7,820,919	FMV
SUTTER BAY MEDICAL FOUNDATION	J	9,912,440	FMV
SUTTER BAY MEDICAL FOUNDATION	B	5,259,362	FMV
SUTTER BAY MEDICAL FOUNDATION	K	496,920	FMV
SUTTER BAY MEDICAL FOUNDATION	C	572,846	FMV
SUTTER COAST HOSPITAL	P	61,339	FMV
SUTTER HEALTH PLAN	S	75,772,621	FMV
SUTTER INSURANCE SERVICES CORPORATION	P	23,957,786	FMV
SUTTER VALLEY HOSPITALS	P	375,985	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
SUTTER VISITING NURSE ASSOCIATION & HOSPICE	P	71,871	FMV